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Suggested citation
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This report describes the findings from the evaluation of the Macarthur Youth Mental Health and Housing Project (MYP), operated by Neami National (Neami) and funded by the NSW Department of Families and Communities (FACS). The MYP operated from March 2011 to June 2014.

The evaluation objectives were to analyse the experience and outcomes achieved for young people and assist in understanding whether the Project met its core objectives, which included:

- supporting young people to stable housing
- enhancing the personal wellbeing and social connectedness of young people involved in the project.

The Project had an additional objective of building capacity of the youth homelessness services in the Campbelltown area in NSW to respond to the needs of young people experiencing mental illness and homelessness. However, due to the way the limited funding and staff resources of the project were prioritised, and with mutual agreement of FACS and Neami, this objective was not pursued as intended.

The MYP provided support to 30 young people—22 female and 8 male.

The total cost of the MYP was $274,037 (not including the cost of the evaluation at $54,958) from December 2010 to June 2014. The cost of support per person per month was $958 over the life of the project. Participants stayed in the project for 6 months on average (up to 22 months).

The young people and the stakeholders of the MYP who participated in the evaluation viewed the project positively.

The MYP achieved positive outcomes for the young people who engaged with the project, such as:

- Finding suitable housing — this ranged from securing short-term crisis housing to supporting one young person into private rental housing.
- Supporting the mental health and wellbeing of the young people — for example being with them when they were in crisis or providing strategies for anger management.
- Increasing social and community participation through supporting the interests of the young people and doing social activities with them — for example supporting a young person join and compete in hockey.

The MYP was also able to achieve positive outcomes to improve the family relationships of some of the young people. The MYP worked with the young person and their families to identify and address issues in the relationship that may have led to the young person leaving the family home.

The MYP was constrained with limited resources, especially since the number of key support workers was limited to one at any one time. Providing flexible and deep outreach support is resource intensive.

The Project provided a learning opportunity for Neami in delivering a youth targeted program. One of the lessons included ensuring the Project and staff responded flexibly to the changes in the circumstances of the young people.
This is the final evaluation report of the Macarthur Youth Mental Health and Housing Project (MYP), operated by Neami National (Neami). The NSW Department of Family and Community Services (FACS) funded the MYP. This report describes outcomes achieved for young people regarding housing, personal wellbeing, and social connectedness as well as lessons learnt from the Project that may be applicable to future service delivery for young people and for project management broadly.

The MYP was designed to support young people aged 16-18 years in the South Western Sydney Region who were experiencing both homelessness and mental illness. The MYP provided support to young people from March 2011 to June 2014.

Staff in the Project provided case management and outreach support to young people. A Steering Group, which comprised of staff from Neami, FACS, and housing, mental health and youth service providers, was formed at the beginning of the Project and met on several occasions throughout the delivery of the MYP. Neami carried out this evaluation with support from the Social Policy Research Centre at UNSW Australia.

Project description

From the initial plan of the Project, the key objective of the MYP was to improve housing outcomes for young people with mental health issues, including access to Specialist Homelessness Services. The MYP aimed to achieve better mental health, wellbeing, and housing outcomes through:

- A support worker with a usual maximum caseload of 10 young people at any one time
- Personalised outreach support to develop independent living skills, improve management of mental and physical health, improve access to community activities, improve educational and vocational outcomes
- Direct case management support to young people in youth homelessness settings to facilitate their access to stable and secure housing and appropriate treatment and support.

One unique feature of the Project was that the support provided to young people continued even if they moved out of the initial referral area. The flexibility and continuity of the MYP in remaining engaged with young people despite their geographic location was a positive feature of the support provided.

The MYP operated from the Neami Campbelltown office. The main service delivered from the Neami Campbelltown office is individual outreach support to people who have mental illness in the Macarthur area as well as Housing and Accommodation Support Initiative (HASI) support. The MYP was a separate project focusing on young people. Other staff from the Campbelltown office provided support and assistance to the MYP when required.

Evaluation questions

The aim of the evaluation was to assess the impact of the MYP in providing positive housing and mental health outcomes for young people and to identify lessons learnt for delivering services to young people experiencing mental health and housing challenges. To address this aim, the evaluation used a mixed methods design to address the evaluation questions. The evaluation explored the experiences and outcomes of the MYP for young people to provide an understanding of the extent to which the Project met its three core objectives:
1. Personalised assistance through outreach support work so that young people may develop their independent living skills, improve management of mental and physical health, improve access to community activities, and improve educational and vocational outcomes

2. Direct case management support to young people in youth homelessness settings to facilitate their access to stable and secure housing and appropriate treatment and support

3. Secondary consultation to youth homelessness services in responding to young people with mental health issues.

About the young people and service use

From March 2011 to June 2014 — the life of the MYP — Neami provided support to 30 young people. Almost three-quarters (22) of the participants in the MYP were female and the average age on entry into the Project was 16 years.

Most of the young people in the Project were experiencing multiple difficulties and challenges such as family relationship problems, mental health issues, unstable housing, risk of homelessness, drug and alcohol use, physical and sexual health issues, poverty, disengagement from education, anger management and contact with the criminal justice system.

Over half of the young people in the MYP had experienced homelessness or had used youth homelessness services. Fourteen had used at least one youth homelessness service (range 1–15) with an average of more than two services each.

Twenty-one young people who received support through the MYP had a mental health diagnosis or identified mental health problems, with the most common diagnoses being bipolar disorder, depression, and anxiety.

During the life of the Project, it provided 3,607 hours of support. The average number of hours of support per person per month was 13 hours. Over two-thirds (67%) of all the hours of support were provided to seven young people who on average stayed in the project for 22 months (compared with an average of 6 months for the other 23 young people). Young women on average received 13 hours of support per person per month compared with seven hours of support per person per month for young men.

Outcomes

Young people

Participating in the MYP contributed to improving the wellbeing, independence, and confidence according to interviews with the young people and their families and analysis of case notes.

The support the young people received in the MYP included:

• assistance in finding housing (including crisis, medium, or long-term), employment, study and hobbies
• support with mental health needs
• support to attend appointments with other service providers, gps, etc.
• going on outings and social and physical activities
• negotiating relationships with family and friends
• daily living skills (e.g., budgeting, cooking, cleaning).
Housing

The support provided by the MYP contributed to some young people securing medium to long-term housing. Some of the young people transitioned into HASI where they continued to receive housing support. The MYP supported some young people to buy furniture and appliances and to develop their independent living skills such as cooking and cleaning. Where possible, the MYP also supported young people to stabilise their existing housing situation, for example, through improving family relationships and addressing the issues that were straining the relationships, which could have led to the young person becoming homeless.

Mental health and wellbeing

Mental health outcomes of the young people in the MYP were mixed according to the interviews and case notes. Some experienced improvements in anger management and reduction in medication usage, while others did not experience significant changes. The MYP staff and other service providers recounted examples of young people with severe anxiety or depression whose mental health did not improve considerably despite receiving support up to 4-5 times per week. A contributing factor may have been the inability of the support workers to directly address mental health challenges because some young people did not want to be labelled with a mental health diagnosis.

Social connections and participation

A small number of young people were supported to apply for employment, including assistance in writing resumes and preparing for job interviews. One young person was supported to attend a course to develop their budgeting and independent living skills. The participants commented that they felt more motivated and confident to pursue their employment and education goals as a result of their involvement in the MYP.

A large component of the support provided by the MYP was direct support rather than case management. For example, they accompanied young people on social activities. The MYP staff said that the young people wanted these outings because they had fragile friendships and their families were not able to provide this opportunity.

Several young people reported improved links with mental health and housing support services. Interviews and case notes showed that the support workers dedicated a large proportion of their time to liaising and organising appointments, on behalf of the participants, with various services including Centrelink, Infant, Child and Adolescent Mental Health Services (ICAMHS), homelessness services, and drug and alcohol youth health services.

Family relationships

The evaluation found the MYP supported improvements in relationships between young people and their families. The young people interviewed said that their relationships with their families improved as a result of the support. Families reported that staff gave information to them about mental illness and how to best support the young person to reduce the impact of mental illness. Family members noted that the MYP workers were able to support the young person with going to appointments and other engagements, which freed them and gave them the needed break to provide other support to the young person.

Youth homelessness services

All service providers interviewed for the evaluation felt that the project met a need as the MYP provided support for young people that the service providers considered too complex for them to deal with. Although these service providers did not receive any formal consultation or training from the MYP, many reported having been supported in their work with the young people. These services said the support provided by MYP was complementary because it was so flexible. They said the MYP assisted with housing, health, education and social outings, areas their specific services could not have supported.
Financial costs

In total, the MYP provided support to 30 young people with 3,607 hours of support received. Over the life of the Project, the cost per hour of support was $76, with the average cost of support per person per month being $958 with an average of 6 months in the project. The average cost of supporting a young person was $9,142 (range $291 to $47,957).

Based on the positive housing outcomes achieved for the young people in the Project, the early intervention approach adopted in the MYP arguably had an impact contributing to preventing young people from becoming or remaining homeless over the long-term. Additionally, by supporting young people to continue education and find employment, their longer-term economic participation was supported and potentially minimised future costs related to their engagement with homelessness, health, and justice services.

Lessons learnt

The evaluation provided an opportunity to reflect on what Neami learnt in delivering a project with a new approach. The lessons learnt can be broadly divided into two parts: delivering services to young people and project management.

Delivering services to young people

While all support work provided by Neami is underpinned by the Collaborative Recovery Model (CRM), providing support to young people required specific skills and emphasis on specific areas in the young person’s life. Reflecting back on the MYP, project staff highlighted lessons learnt that assisted them in working with young people. The following lessons combine these staff reflections with comments and suggestions from the young people, their families, and stakeholders of the Project as well as an analysis of case notes. These lessons are not a best practice guide for working with young people, but a summary of the specific lessons learnt from delivering the MYP at Neami.

- Support to young people needs to be flexibly delivered regarding work schedules, i.e., on weeknights and weekends; in the geographical coverage of the support that can be provided; and in the age of young people that can enter into the Project.
- Staffing needs to be managed to minimise the number of different staff that young people receive support from and to ensure gender diversity among staff.
- The support needs to include active crisis management plans to be able to respond to frequent crisis events involving young people, for example in the case of self-harm.
- Access to brokerage funds needs to be available to supplement the support work and give flexibility to support staff.
- Support needs to build or maintain positive family relationships where it is safe to do so for the young person.

Project management

Neami used the opportunity presented by this evaluation to reflect on how to foster innovation and collaboration in the organisation as the MYP was a new project approach. To utilise this opportunity, Neami held a workshop to reflect on collaboration between the Service Development and the Service Delivery teams to support new and innovative programs.

In the workshop, the group identified collaboration as a key component of managing innovative projects. To increase collaboration and cooperation between the Service Delivery and the Service Development teams (which includes the research and evaluation team), the group noted that it was important to adhere to the principles of the CRM and build a working alliance based on its principles.
To build an effective working alliance, the group explored the notion of developing a service cooperation agreement between Neami teams involved in projects, which would incorporate the principles of CRM. The first principle is mutuality, where parties are equally responsible for taking care of a relationship that is built on trust, respect, and compassion. The second and closely related principle is being open about what each party expects from the other party and being explicit about what to do in case of an alliance rupture (where the relationship changes from the plan). The third principle is action planning, which outlines specific actions that need to happen to achieve the goals of the relationship. An agreement / contract can assist in facilitating these three principles as it can clarify the roles and responsibilities of each party in maintaining the relationship and set out specific actions to monitor change.

Another lesson highlighted in the workshop was around providing effective guidance and support for projects from senior state management in the organisation. The group acknowledged that although a formal governance process was established, the organisation did not fully commit to the process. Fewer and fewer meetings were, for example, held as the project progressed even though the need for continued oversight was still required.

The group also acknowledged that senior management in the organisation could have provided better support and guidance to ensure that planning and management of the MYP was optimal. The MYP staff highlighted that more detailed planning in several aspects of the Project would have been beneficial. The first aspect was about clarifying the key expected outcomes of the MYP support workers. For example, expectations about length of time staff should work with a young person and how to set and achieve goals for transition need to be clear. Secondly, the MYP staff noted that there was no detailed promotion strategy of the Project to its stakeholders. They said such a strategy would have assisted in communicating and promoting the Project. It was acknowledged that senior management could have provided further assistance in promoting the Project to other services and in ensuring recommendations from the interim evaluation were implemented.

Furthermore, a project management approach could have assisted in mitigating the effects of changes in managers and project staff and could have provided better continuity for the project and staff.

**Implications**

The following implications are drawn from the lessons learnt as part of delivering the MYP at Neami. The suggestions are aimed at similar projects to support young people. They aim to build on what was delivered as part of the MYP and include:

- Have at least two key support workers – one male and one female. Benefits would include staff gender diversity, continuity in support and program integrity, and ensuring that each young person receives support from a small number of support workers. Budget management might require that this role is only one of their responsibilities.
- Expand the age range of a similar project in the future to be more inclusive, i.e., Include young people from ages 14 to 21 years.
- Consider creating an intake person role responsible for admission into the program—separate from the support workers.
- Train staff on sexual health needs of young people and increase staff skills to respond to self-harm.
- Ensure staff are aware of any relevant legislation and regulatory requirements.
- Develop capacity building training for youth homelessness services in conjunction with the Neami Learning and Development team, which will ensure that the training incorporates appropriate adult learning techniques and adds to corporate knowledge.
- Create a detailed project plan that clarifies roles, responsibilities, aims, and outcomes of the project and refine these as the project progresses.
• Adopt project management and accountability structures to oversee the implementation and development of the program as it responds to emerging changes.

• Ensure that the established governance process that oversees accountability in the project is followed or intentionally adapted to changing demands.

• Consider creating a Memorandum of Understanding with other services for regular contact and preferred means of collaboration.

• Inform the local police and other relevant services and develop cooperative relationships.

• When a young person leaves the program, have debriefing sessions with the young person and other services involved in support to reflect on what worked well and what could have been done differently in coordination and support.

• Create a service coordination agreement / contract between internal teams of the organisation that have a stake in the project:
  · The contract should incorporate the principles of CRM between teams that need to work together.
  · The contract should clarify the roles, responsibilities, and expectations of each party and should include specific actions and goals to monitor progress as well as plans on what needs to happen when there are relationship difficulties.

As a result of delivering the MYP, Neami has gained experience in providing support services to young people. When future opportunities arise, this experience should encourage Neami to apply to deliver services to young people. This would consolidate the experience from the MYP and apply the lessons learnt into practice for youth-targeted services and other new service types that require a developmental program implementation approach.
1. Introduction

This is the final evaluation report of the Macarthur Youth Mental Health and Housing Project (MYP), operated by Neami National (Neami). The NSW Department of Family and Community Services (FACS) funded the MYP. This report describes the outcomes the MYP achieved for young people in terms of housing, personal wellbeing and social connectedness as well as lessons learnt from the project that may be applicable to future service delivery for young people and for project management broadly.

The MYP was designed to support young people aged 16-18 years in the South Western Sydney Region (Figure 1) who were experiencing both homelessness and mental illness. The MYP provided support to young people from March 2011 to June 2014.

Figure 1 - Map of South Western Sydney

Staff in the Project provided case management and outreach support to young people. A Steering Group, which comprised of staff from Neami, FACS, and housing and youth service providers, was formed at the beginning of the Project and met on several occasions throughout the delivery of the MYP. Neami carried out this evaluation with support from the Social Policy Research Centre (SPRC) at UNSW Australia.

The following section provides a background for the Project, outlines the evaluation questions, data used in the evaluation, and the limitations experienced in the evaluation process. Section 2 provides a description of the MYP service model, characteristics of the young people who received support from the MYP, and the service usage information. Section 3 examines the outcomes achieved in the MYP for
the young people, their family relationships, and for youth homelessness services in the area. Section 4 assesses the financial aspects of the Project, and Section 5 outlines the lessons learnt from the Project for delivering services to young people and for program management.

1.1 Background

According to the Australian Bureau of Statistics (ABS), there were 105,237 homeless people in Australia in 2011, up from 89,728 in 2006. In NSW, there were 28,191 homeless people and of these, 2,642 were aged 12-18 years old (Australian Bureau of Statistics, 2011). According to the ABS, this figure is likely to underestimate the number of young homeless people because of a lack of a reliable way to estimate the homelessness population (Australian Bureau of Statistics, 2011).


Homelessness and mental illness have a multidirectional relationship. There is a link between prolonged homelessness and persistent and severe states of mental ill health (Homelessness Australia, 2012). Estimates suggest that 50–80% of homeless young people have experienced mental illness (Kamieniecki, 2001) and are significantly less likely than non-homeless young people with a mental illness to access treatment (Dixon, Funston, Ryan, & Wilhelm, 2001).

The effects of mental illness can be especially profound for young people and may impact on a range of domains within their lives. Primary issues associated with mental illness for young people include:

- homelessness and/or unstable or unsuitable housing (Hamilton, King, & Ritter, 2004)
- problematic substance use (Hwang, Tolomiczenko, Kouyoumdjian, & Garner, 2005)
- low academic achievement, unemployment and family breakdown (Flatau, Conroy, Clear, & Burns, 2010).

Homeless young people most often suffer from substance abuse, mood and anxiety disorders (in particular, post-traumatic stress disorder) (Mildred, 2002; Kamieniecki, 2001). A significant number of homeless young people experience psychotic disorders and many others have a personality disorder (Parker, Limbers, & McKeon, 2002).

Homeless young people can have complex needs, which traditional services often cannot and/or may not be willing to address (Cauce, et al., 1994). As such, these young people often cannot access traditional services due to:

- challenging behaviours
- the gap between adolescent and adult services
- issues with substance abuse
- mental illness that is either too acute for some services, or not acute enough for others
- a lack of interagency cooperation (Ensign & Gittelsohn, 1998).

Further complicating these challenges are the anxieties among homeless young people about the safety and quality of available services (Darybshire, Muir-Cochrane, Fereday, Jureidini, & Drummond, 2006) and past negative experiences of engaging with services—in terms of striking a balance between independence and assistance (de Winter & Noom, 2003). Given these challenges, service providers have needed to adopt innovative models to attempt to provide support for untreated mental illness within this group.
However, in many cases, young people experiencing homelessness and mental illness have been excluded from Specialist Homelessness Services (SHS). This is due to a number of factors including:

1. Their needs may be considered to be too high or complex for current youth homelessness services.

2. The services are not designed around the needs of young people with a mental illness and therefore result in these young people exiting or leaving programs without their needs for secure housing and effective support having been met.

3. There are few links between homelessness and mental health services.

4. Youth homelessness staff do not feel confident about their ability to respond to the needs of young people with mental illness.

SHS providers cited mental health issues as a common cause of housing breakdown for young people housed in SHS services. In order to address some of these factors, FACS (formally Department of Community Services) approached Neami and funded the pilot Macarthur Youth Mental Health and Housing Project. FACS allocated $304,000 fixed term funding sourced from uncommitted funds in the SHS 2010/11 budget, under contract to Neami through direct negotiations. Initially, the period of the funding contract was two years. Due to the need for more time to implement and refine the model, the project funds were rolled over for a further year. In addition, Neami contributed an extra $25,000 to the Project.

The fixed term project was negotiated by FACS with the aim of piloting a new approach to support young people at risk or experiencing homelessness and mental illness from becoming seriously unwell and having extended periods of homelessness. In March 2011, the MYP commenced providing support to young people.

1.2 Evaluation methodology

The aim of this evaluation was to assess the impact of the MYP in providing positive housing and mental health outcomes for young people and to identify lessons for delivering services to young people experiencing mental health and housing challenges. To address this aim, the evaluation used a mixed methods design to address the evaluation questions. The evaluation explored the experiences and outcomes of the MYP for young people to provide an understanding of the extent to which the Project met its three core objectives:

1. Direct case management support to young people in youth homelessness settings to facilitate their access to stable and secure housing as well as appropriate treatment and support.

2. Personalised assistance through outreach support work so that the young people may develop their independent living skills, improve management of mental and physical health, improve access to community activities, and improve educational and vocational outcomes.

3. Secondary consultation provided to youth homelessness services in relation to responding to young people with mental health issues.

The third objective of providing secondary consultation to youth homelessness services was mutually agreed by FACS and Neami to have been too ambitious for the limited resources available for the Project, so it ceased to be a core objective of the Project following the first year. As a result, while this evaluation considers the impact of MYP on the youth homelessness services, no detailed investigation of the outcomes for this objective was conducted.

Ethics approval was received from UNSW Australia Human Research Ethics Committee. All participation was voluntary and with consent.
Evaluation questions

The evaluation questions that this report answers are divided into three broad categories: outcomes, process, and cost evaluation.

**Outcomes** questions investigated and measured the impact of services provided through the MYP and identified outcomes for young people accessing these services and for their social networks.

- What is the profile of young people who access the MYP?
- What is the experience of young people who access the MYP?
- What evidence is there that young people who access the MYP benefit from this model of support?
- What outcomes are experienced by young people involved in the MYP in relation to housing?
  - What are the perceived changes to the engagement in stable housing of young people who access the MYP?
- What outcomes are experienced by young people involved in the MYP in relation to social/community interaction and integration?
- What outcomes are experienced by young people involved in the MYP in relation to mental health self-efficacy?
- What outcomes are experienced by young people involved in the MYP in relation to general wellbeing and quality of life?
- How do young people’s family members experience the MYP?
- What benefits do they derive from this approach to support?

**Process** questions examined what worked well and did not work as well in delivering the MYP and identified issues that impacted service delivery across different geographical areas.

- How effective is the MYP service delivery model?
- What are the factors that enhance working relationships and a collaborative approach between Neami, SHS, youth services, and mental health clinical and non-clinical services?
  - Are there any factors that limit the effectiveness of the MYP partnership model?
  - How can the MYP partnership model be improved and strengthened?
- How effective is the governance of the MYP model? How could the service model be improved and strengthened?

**Cost evaluation** questions measured whether this type of service delivery approach has been cost-effective.

- What are the costs and benefits of providing MYP services?
- At a systems level, does the provision of MYP services result in a cost-saving across the youth and mental health systems, and can this be quantified?

1 The Project design changed so the second part of this question was not pursued: “and to determine how successful project staff have been in building capacity of youth homelessness services to respond to the needs of young people experiencing mental illness. What impact has the MYP made on the capacity of SHS to respond to mental health needs of young people?”
1.3 Information and data used in the evaluation

In summary, the information and data sources for this evaluation included:

- Document review: policy documents and literature
- Program data: program specifications, contracts and financial data; quantitative service provider reporting (e.g. Services provided, demographics, assessment and outcome measures, follow-up or exit data)
- Qualitative data collection by the evaluation team and MYP support workers: semi-structured interviews, case note analysis and focus groups.

Assessment tools

The evaluation used five assessment tools to quantify the outcomes achieved by the MYP for young people involved in the Project. As part of routine service delivery, Neami administered the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS); Alcohol, Smoking and Substance Involvement Screening Test (ASSIST); and the Behaviour and Symptom Identification Scale (BASIS–32). In addition, those young people who agreed to participate in the evaluation process completed the Personal Wellbeing Index (PWI) and the Activity and Participation Questionnaire (APQ6). Where possible, data was collected over multiple time points to track any changes over time.

CANSAS

CANSAS is a 22–item measure which assesses ‘met’ versus ‘unmet’ needs across a range of life domains. This measure can be completed by both the consumer and the support worker, and aims to facilitate a conversation and goal setting around identified unmet needs. There are two versions of CANSAS routinely used by MYP staff—the CANSAS-P (completed by the consumer) and CANSAS-S (completed by the staff member). Both the consumer and staff member complete the relevant version of the CANSAS tool and then meet to discuss any differences between them. The following domains are assessed:

- housing
- food
- looking after the home
- self-care
- daytime activities
- physical health
- psychotic symptoms
- information on condition and treatment
- psychological distress
- safety to self
- safety to others
- alcohol
- drugs
- company
- intimate relationships
- sexual expression
- child care
- basic education
- telephone
- transport
- money
- benefits

Unmet needs are of most interest in a practice context as they provide an opportunity for workers to tailor support specifically to the consumer’s individual needs. The cansas should be reviewed every 6 months.
ASSIST

ASSIST is an 8–item questionnaire that a support worker completes with a consumer to assess risks associated with the use of the following substances:

- tobacco products
- alcohol
- cannabis
- cocaine
- amphetamine-type stimulants (ATS)
- sedatives and sleeping pills (benzodiazepines)
- hallucinogens
- iihalants
- opioids
- ‘other’ drugs, e.g., caffeine

The ASSIST collects information about use of substances and any associated problems over the last 3 months. It can identify a range of problems associated with substance use including acute intoxication, regular use, dependence or high-risk use, and injecting behaviour. The ASSIST should be reviewed every 6 months.

BASIS–32

The BASIS–32 is a 32–item self-report measure of the major symptoms and functioning difficulties that the consumer may be experiencing in everyday life. Respondents are asked to indicate the degree of difficulty they have experienced (if applicable) in a range of dimensions including: managing day-to-day life, relating to other people, clinical symptoms, physical symptoms, drug and alcohol usage, and level of satisfaction with life (Eisen, Grob, & Klein, 1986). The BASIS–32 should be reviewed annually.

In addition to the measures that Neami uses in routine service delivery, the evaluation utilised the following two questionnaires with the young people who agreed to participate in the evaluation. Those who agreed to participate and were available completed the questionnaires at two time-points to measure changes.

PWI

The PWI is a measure of subjective wellbeing that collects information on seven life domains. This information can be used as an indicator for assessing resilience, e.g., health, material comfort, work engagement and community participation, which all represent the core objectives of the MYP. The PWI is a validated instrument that is short, and therefore relatively quick to administer, and uses reliable Australian scales (International Wellbeing Group, 2006).

Parallel forms of the PWI are available for use with population sub-groups, including the general adult population, school children and adolescents, pre-school age children, and people with an intellectual disability or other form of cognitive impairment. Although the adult form of the PWI was used in the evaluation, it can be reasonably expected that the data obtained are valid based on research by Tomyn and colleagues which indicates that the separate forms of the PWI designed for adult and school-age children measure the same underlying constructs (Tomyn, Fuller-Tyszkiewicz, & Cummins, 2013; Tomyn & Cummins, 2011).

APQ6

A gap identified in the program data was the shortage of direct evidence about young people’s social and community interaction and integration. To address this, young people who agreed to participate in the evaluation completed the APQ6.

The APQ6 is a self-report measure of vocational and educational activity and social participation in the past week. It is designed for use in community mental health settings and is routinely administered in NSW mental health services (Steward, et al., 2010).
Table 1 outlines the sample sizes for all the assessment tools used in the evaluation.

**Table 1 - Sample sizes for assessment tools used in the evaluation**

<table>
<thead>
<tr>
<th>Number of young people</th>
<th>First time-point</th>
<th>Latest time-point</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANSAS-S</td>
<td>13*</td>
<td>8*</td>
</tr>
<tr>
<td>CANSAS-P</td>
<td>12</td>
<td>7</td>
</tr>
<tr>
<td>ASSIST</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>BASIS-32</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>PWI</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>APQ6</td>
<td>11</td>
<td>4</td>
</tr>
</tbody>
</table>

Source: Neami program and evaluation data collection
Note: Total young people in the MYP from March 2011 to June 2014 = 30
*number of staff

Appendices A–F includes an overview of the data collected.

**Interviews, focus groups, and workshops**

For this evaluation, the research team conducted interviews and focus groups with young people, their family members, staff from SHS providers, clinical and youth mental health services, FACS and Neami staff. In total, 38 interviews, focus groups and workshops were conducted. Table 2 shows the number of interview, focus group and workshop participants.

**Table 2 - Number of participants in the evaluation interviews, focus groups and workshops**

<table>
<thead>
<tr>
<th>Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Young people</td>
<td>13</td>
</tr>
<tr>
<td>Family members</td>
<td>4</td>
</tr>
<tr>
<td>Neami staff</td>
<td>7</td>
</tr>
<tr>
<td>Service providers and funder</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: Neami evaluation data collection from March 2011 to June 2014

In addition, the evaluation team conducted a reflective workshop with the MYP staff on managing innovative new projects. The outcomes from this workshop added to the lessons learnt from the MYP and informed Section 5 of this report. Detailed notes from the reflective workshop are in Appendix G.

**Case notes**

As part of regular service delivery, support workers at Neami keep detailed case notes on the support they provide to consumers. The research team analysed the case notes of the young people who were involved in the Project. The analysis of the case notes is presented in Section 3.

**Demographic and background information**

In addition to the above, a range of demographic and background data was extracted from program files and case notes for the young people involved in the MYP, including:

- History of homelessness
- Homelessness service use (number of services and number of placements)
- Family of origin factors, e.g., Alcohol and other drug (aod) use, domestic violence, mental health, homelessness, and poverty
• Significant health issues (including pregnancy)
• Use of brokerage funds
• Previous hospital admissions related to mental health issues
• Linkages to other mental health services
• Current or previous involvement with the Department of Community Services (DOCS) or Juvenile Justice
• Source of referral to the MYP

Cost evaluation
To evaluate the costs of the MYP, the evaluation team used data on service usage and program income and expenses to provide an analysis of the cost of the Project and the support provided to the young people.

1.4 Limitations
Limitations to the evaluation findings:

• Only eleven out of the 30 young people who were involved in the MYP consented to participate in the evaluation. In addition, a majority of those that consented were not able to complete all parts of the data collection. This also applied to the routine Neami assessment tools. Therefore, limited outcome data were available and it was less than planned.

• The evaluation questionnaires and interviews were conducted by the support workers. This approach was taken since it was likely that the young people would be more responsive and willing to participate in the evaluation if it was conducted by someone they trusted. However, the disadvantage of this approach was that some young people may have chosen to restrict what they said because they were critiquing the support worker’s program.

• The majority of young people preferred to write a narrative of their experience in the MYP rather than participate in an interview. The young peoples’ written narratives were largely closed responses to the interview questions that were provided to the support worker. This limited the depth of information gathered.

• There was minimal information available about the young people who only had brief contact with the Project, so the reasons for that limited contact could not be explored.

• There is no comparison or control group to compare the outcomes analysed for the Project.

• A very small number of family members participated in the evaluation interviews.

• The adult version of the PWI was used instead of the version specifically designed for use with children and young people.
2. Program description

2.1 Aims of the Macarthur Youth Project

From the initial plan of the Project, the key objective of the MYP was to achieve better housing outcomes for young people with mental health issues, including access to SHS. The MYP aimed to achieve better mental health wellbeing and housing outcomes for young people aged 16-18 years through:

- one support worker providing support to each young person, with a usual maximum caseload of 10 young people at any time
- direct case management support to young people in youth homelessness settings to facilitate their access to stable and secure housing and appropriate treatment and support
- personalised outreach support to develop independent living skills, improve management of mental and physical health, improve access to community activities, improve educational and vocational outcomes
- secondary consultation to youth homelessness services in relation to responding to young people with mental health issues (implemented at the individual case level only, not as initially intended).

The support provided to young people continued even if they moved out of the initial referral area. The flexibility and continuity of the MYP in remaining engaged with young people despite their geographic location was an important feature of the support provided by staff.

2.1 Program logic

Target group

Support was provided to young people who met the following criteria.

- Support was for young people whose needs are too high or too complex for youth homelessness services; or those who are at risk of homelessness or eligible for homelessness services but due to their compromised mental health are not accepted by these services. In the majority of cases, the complexity is the result of behavioural issues.
- Young people must initially be within the referral area to become engaged in the Project, although they could move out of the area and remain in the program.
- Support was provided to young people aged 16–18 years inclusive.

Service response

- In the context of the MYP, case management support is defined as holistic support that is continuous and attempts to address a person's whole-of-life circumstances.
- Secondary consultation to family members involves providing them with relevant information about Neami services that may be of use to them. Staff may also refer family members to relevant services or provide assistance in how they can successfully navigate the service system themselves.
- Secondary consultation to youth homelessness services involves regular correspondence via case conferences, emails, and telephone calls about individual cases to demonstrate good practice for staff to consider in their work with other young people.
Outcomes

- Outcomes include stable housing, stabilised mental health, personal wellbeing, community participation (education, work), and improved family relationships.
- Stable housing may not necessarily mean securing a tenancy but could mean maintaining a current living situation.
- A component of stabilised mental health is that a young person is linked in with a clinical mental health service or knows where to get appropriate support if needed.

Target group

Young people aged 16-18 years whose needs may be considered too high or complex for current youth homelessness services

Service response

Case management support provided to young people and to address housing, family, and mental health issues of young people

Secondary consultation to youth homelessness services and family members

Outcomes

Stable housing, stabilised mental health, personal wellbeing, community participation (education, work), and improved family relationships

Impacts

Improved impact on young people's links to mental health and homelessness services

Improved capacity of youth homelessness services in responding to mental health issues
Impacts

- Impacts include improved impact on young people’s links to services involves adequate transition planning and ensuring sustainable referral pathways have been established.
- Additional impacts are greater confidence of service providers in assisting or referring young people with mental health issues.

2.2 Service delivery approach

FACS funded the MYP, and Neami managed the Project. The service mainly operated on a Monday to Friday roster with support usually provided to young people during business hours. However, as the Project continued, it became apparent that support workers needed to operate more flexibly, resulting in the support worker being available after hours and on weekends when necessary to meet the needs of the young people. The MYP was delivered from the Neami Campbelltown office, which was staffed on weekends. If a young person required crisis support on weekends, staff were available.

All service delivery by Neami, including in the MYP, is underpinned by the Collaborative Recovery Model (CRM). The CRM is a strengths-based, recovery-focused model of individual service planning and delivery developed by the University of Wollongong. The emphasis is on consumers leading their recovery journey in collaboration with support staff. It incorporates evidence of practices that have assisted people living with enduring mental illness and was designed to have the following benefits:

- generic skills that can be used flexibly
- approaches that are relevant across case management and psychosocial rehabilitation contexts
- emphasis on issues of autonomy, hope, responsibility, and individual experience, which are central to the concept of recovery
- skills-based components that have an evidence base
- emphasis on measurement, consistent with the need for mental health services to generate evidence.

The CRM is consistent with the values of personal recovery. Other influences of CRM include: positive psychology, psychosocial rehabilitation principles, motivational interviewing and the stages of change model.

Specific features of the service delivery approach adopted by the MYP support workers included:

- good understanding of young people
- case management support of young people with mental health and homelessness issues
- collaboration and networking with a range of service providers to support positive outcomes for young people.

Neami employed experienced support workers to provide case management and support to young people and their families. The Project designated one support worker as the key support worker; however, other support workers also provided support when needed. In total, there were three designated key workers throughout the life of the Project. A more detailed staff breakdown is provided in Section 2.4.

The main service operated from the Neami Campbelltown office was individual outreach support to people who have mental illness in the Macarthur area. The MYP was a separate project from the usual service delivered from the site as it was focused on young people. Other staff from the Campbelltown office provided support and assistance in the MYP when required.

The MYP approach was to first identify and respond to the immediate support needs of young people. The aim was then to support young people to develop their living skills to ensure they were able to live independently or in their family and maintain positive relationships with their family, friends, and staff.
from other agencies they may be engaged with. The development of trust and rapport with the young people took time. Dedication and commitment by staff to frequent and on-going communication was an essential component of the service model adopted in the MYP.

Linking young people with relevant services such as employment agencies and youth services was a key priority for staff throughout the Project. Staff placed the young person in the key decision making role by talking to them about their hopes and desires, asking them about the types of relationships they wanted, and how Neami could support them to achieve their goals. A question often asked at the beginning of engagement with a young person was “What is the most important thing to you?” The wellbeing of the young person was always central, but a dignity-of-risk approach was adopted by the MYP support workers.

2.3 Characteristics of participants

From March 2011 to June 2014—the life of the MYP—Neami provided support to 30 young people (Table 3). Referrals into the MYP predominately came from the ICAMHS in the Campbelltown area and youth homelessness services. This section analyses the gender, age, and status of homelessness and mental health of the young people in the Project. All the young people were born in Australia and three young people identified as Indigenous.

Age

The average age of the young people on entry into the MYP was 16.4 years and on exit 17.3 years. Five young people were aged 14-15 years when they entered the Project (Figure 3). Although the initial design of the Project was to provide support to young people aged 16–18 years old, the Project received considerable referrals for young people aged under 16 years. In circumstances where the young person was close to 16 years of age or there was a high need for support—with permission from their parents and with the awareness of FACS—the Project provided support to these young people.

The average age of the young men entering the Project was 15.8 years compared with 16.7 years for the young women. Four of out of the five young people aged under 16 years were male. This younger profile for the young men may have contributed to the difficulty staff experienced in engaging with young men compared with the young women.

Figure 3 - Age of participants

Although MYP initially planned to accept people aged 16–18 years, it was expanded and included 5 young people aged 14–15 years

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 years</td>
<td>3</td>
</tr>
<tr>
<td>15 years</td>
<td>2</td>
</tr>
<tr>
<td>16 years</td>
<td>9</td>
</tr>
<tr>
<td>17 years</td>
<td>11</td>
</tr>
<tr>
<td>18 years</td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Neami program data collection March 2011–June 2014
Experience of homelessness

More than half of the young people in the MYP had experienced homelessness or had used youth homelessness services (Figure 4). Fourteen young people had used at least one youth homelessness service (range 1–15) with an average of more than two SHS each. One young person stayed at 15 different SHS (with repeat placements at the same service). One young person reported living in a hotel for a month while the MYP staff attempted to find appropriate housing. Three other young people were reported to have experienced primary homelessness\(^2\) and slept rough in public areas.

\textit{Figure 4 - Experience of homelessness}

The \textbf{majority} of young people in the MYP had a history of homelessness.

\begin{table}[h]
\centering
\begin{tabular}{lc}
\hline
Experience of homelessness & 19 \\
Not experienced homelessness & 7 \\
Unknown & 4 \\
\hline
\end{tabular}
\end{table}

\textit{Source: Neami program data collection March 2011–June 2014}

\(^2\) According to the (Australian Bureau of Statistics, 2011), primary homelessness is defined as “people without conventional accommodation (living on the streets, in deserted buildings, improvised dwellings, in parks, etc.).”
Table 3 - Characteristics of all the young people who were in the MYP

<table>
<thead>
<tr>
<th>Age:</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Persons (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14 years</td>
<td>2 (25%)</td>
<td>1 (5%)</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>15 years</td>
<td>2 (25%)</td>
<td>0 (-)</td>
<td>2 (7%)</td>
</tr>
<tr>
<td>16 years</td>
<td>2 (25%)</td>
<td>7 (32%)</td>
<td>9 (30%)</td>
</tr>
<tr>
<td>17 years</td>
<td>0 (-)</td>
<td>11 (50%)</td>
<td>11 (37%)</td>
</tr>
<tr>
<td>18 years</td>
<td>2 (25%)</td>
<td>3 (14%)</td>
<td>5 (17%)</td>
</tr>
<tr>
<td>Total</td>
<td>8 (100%)</td>
<td>22 (100%)</td>
<td>30 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indigenous status:</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Persons (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous (Aboriginal and / or Torres Strait Islander)</td>
<td>2 (25%)</td>
<td>1 (5%)</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>Non-indigenous</td>
<td>3 (38%)</td>
<td>14 (64%)</td>
<td>17 (57%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>3 (38%)</td>
<td>7 (31%)</td>
<td>10 (33%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health diagnosis:</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Persons (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar disorder</td>
<td>0 (-)</td>
<td>7 (32%)</td>
<td>7 (23%)</td>
</tr>
<tr>
<td>Depression</td>
<td>1 (13%)</td>
<td>4 (18%)</td>
<td>5 (17%)</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2 (25%)</td>
<td>2 (9%)</td>
<td>4 (13%)</td>
</tr>
<tr>
<td>Personality disorder</td>
<td>0 (-)</td>
<td>2 (9%)</td>
<td>2 (7%)</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>0 (-)</td>
<td>1 (5%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Intellectual</td>
<td>1 (13%)</td>
<td>0 (-)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>1 (13%)</td>
<td>0 (-)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>3 (63%)</td>
<td>6 (27%)</td>
<td>9 (30%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has significant physical health issues:</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Persons (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>4 (50%)</td>
<td>5 (23%)</td>
<td>9 (30%)</td>
</tr>
<tr>
<td>No</td>
<td>2 (25%)</td>
<td>15 (68%)</td>
<td>17 (57%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>2 (25%)</td>
<td>2 (9%)</td>
<td>4 (13%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact with Juvenile Justice:</th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Persons (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>2 (25%)</td>
<td>1 (5%)</td>
<td>3 (10%)</td>
</tr>
<tr>
<td>No</td>
<td>4 (50%)</td>
<td>19 (87%)</td>
<td>23 (77%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>2 (25%)</td>
<td>2 (9%)</td>
<td>4 (13%)</td>
</tr>
</tbody>
</table>

Source: Neami program data collection March 2011–June 2014
Note: May not add up to 100% because of rounding

Mental health status

Twenty-one young people who received support through the MYP had a recorded mental health diagnosis or identified mental health problems, with the most common diagnoses being bipolar disorder, depression, and anxiety (Figure 5). All diagnoses for bipolar disorder were for the young women. Particularly concerning and common for many of the participants were self-harm and suicidal ideation. According to case notes and interviews with service providers, on numerous occasions, young people were asked to leave a refuge due to self-harm reported by staff. Previous research indicates that self-harm and suicide attempts are common in young people who are homeless or at risk of homelessness (Sibthorpe, Drinkwater, Gardner, & Bammer, 1995).

The remaining one-third of participants was experiencing risks to their mental health and wellbeing. They may not have had a formal mental health diagnosis and as such none has been recorded. It was not a requirement for the young person to have had a formal diagnosis to receive support from the Project.
Other difficulties

Most of the young people in the Project had experienced multiple difficulties and challenges such as family relationship problems, mental health issues, unstable housing, risk of homelessness, drug and alcohol use, physical and sexual health issues, poverty, disengagement from education, anger management issues, and contact with the criminal justice system. The majority of the young people had a family history of either domestic violence, alcohol or drugs, family poverty, or a family member experiencing mental health difficulties.

The results of the ASSIST scores (Appendix C) indicate that many of the young people were using substances at moderate to high-risk levels according to the ASSIST risk categories. Tobacco and alcohol were the most commonly used substances among those that completed the ASSIST. Four young people reported using cannabis with moderate or high levels of risk associated with its use. One young person reported using amphetamines, cocaine, cannabis, hallucinogens, opioids, and other drugs, yet the overall risk score indicated they were using them at levels associated with moderate risk. Injecting drug use was not common, with only three young people indicating that they had ever injected drugs; two people had injected in the past three months, and the other had done so previously but not in the past three months.

ASSIST data from two occasions was available from five young people. Changes in the ASSIST scores were mixed, with risks associated with alcohol and tobacco increasing for some young people while risks from other drugs decreasing. According to the Project staff, many of the young people who had used alcohol and drugs said they did so mostly in social situations with friends.

2.4 Service use

The MYP provided support to young people from March 2011 until June 2014. Over its life, the Project provided 3,607 hours of support (Table 4 and Table 5). The average number of hours of support per person per month was 13 hours. Over two-thirds (67%) of all the hours of support were provided to 7 young people who on average stayed in the project for 22 months (compared with 6 months for the other 23 young people). The differences in the level of support hours provided to young people depended on both the length of time they were in the program and their needs and willingness to receive support from the Project. For most of the young people who received fewer hours of support, it was mainly due to their short time in the Project and inability of the Project to engage them.
One notable feature regarding the hours of support provided was that young women on average received more hours of support per person per month compared with young men. Young women on average received 13 hours of support per person per month compared with 7 hours for young men (Figure 6). This reflects the difficulty staff said they had in effectively engaging with young men. The hours of support young men received varied across the life of the program, increasing towards the final months of the MYP when a male staff member was involved in the project. On average, young men were in the project for 144 days compared with 343 days for young women.

**Figure 6 - Hours of support per person per month by gender**

Young women on average received more hours of support per person per month compared with young men.

Young women on average received 13 hours of support per person per month compared with 7 hours for young men*.

* Gaps in the blue line indicate that there were no young men in the Project receiving support for that period.
For the majority of the time, one support worker was designated as the key or primary support worker for the Project. This key worker changed three times during the Project. However, other staff from the Neami Campbelltown team also provided support and other assistance as required. This support and assistance may have ranged from providing outreach support similar to the key worker to answering a telephone call in the office from a young person. Five workers provided over 92% of all hours of support to young people. Out of the five most frequent support workers only one was male. During the time when he was the key worker, there was also an increased input from additional workers who were women. It was noted by project staff that some of the young women did not want to work with a male staff member, and other female support workers gave support to these young women.

2.5 Case management

The MYP support workers provided case management and other direct support to the young people. This section analyses the type and quality of support provided. Most young people who participated in the evaluation were satisfied with the support they received, and other stakeholders noted the responsiveness of the workers to the young people’s individual needs.

Types of support

The support the young people received in the MYP case management included:

- assistance finding housing (including crisis, medium, or long-term), employment, study opportunities and hobbies
- support with mental health needs
- support to attend appointments with other service providers such as GPs
- going on outings, social and physical activities
- negotiating relationships with family and friends
- improving daily living skills (budgeting, cooking, and cleaning).

The MYP support workers also communicated with other support services and participated in case conferences to coordinate support and ensure that service goals met the needs of the young person.

The hours of support the young people received varied depending on their needs, the capacity of the support workers, and on how successful the Project was in being able to engage with the young person. Most received support at least once a week in-person and regular telephone calls to check on their wellbeing. At times in-person support increased to 3–4 times a week, depending on need. For one young person, support was offered mostly over the phone, providing assistance to find housing. As the amount of support that was offered to the young people was aimed at meeting their needs at any one time, it fluctuated somewhat.

An analysis of case notes revealed complex issues that impacted on young people’s housing options and support available from youth homelessness service staff. A number of young people were asked to leave refuges due to their complex behaviours including self-harm. Interviews with other service providers identified this as a common approach in refuges, resulting in some young people repeatedly moving from refuge to refuge and through the mental health services.

The examples below reflect some of the complex challenges young people had, which the staff in youth homelessness services did not have the ability to support:

[I never talk about feeling down with housing workers at the refuge] cause they’d be like… yeah. They always threatened to call an ambulance. Or it’s not their job to talk about it; I should talk to a counsellor. – Young person

[The young person] lost their placement at the refuge because they self-harmed so severely.
They ended up sending them to Emergency and then they had nowhere to go. – SHS worker

I’m generally happy, majority of the time, but I do have bipolar and very bad, bad, bad anger issues. So I can… my mood can escalate really quickly and in a split two seconds I can go from being perfectly happy and fine to pretty much turning into the Hulk and wanting to rip everyone’s head off…and I do end up apologising after I try to rip someone’s head off, so I’m working on my issues at the moment. I’m on medication for it, but it’s easier said than done to calm down. – Young person

According to case notes, staff spent considerable time helping young people develop and use coping mechanisms to manage their mental health. On many occasions, staff received telephone calls from young people who experienced a crisis and required urgent assistance. For example, when a young person telephoned being upset and wanting to leave the refuge as the other residents were mean to them, the support worker encouraged the young person to speak to refuge staff. Staff also talked with the young person about different ways to feel better and keep themselves safe in the refuge. With another young person, staff supported them to develop anger management skills for when the young person became angry with family so that the relationships did not deteriorate further.

Analysis of case notes also revealed that throughout the case management provided to young people, staff reinforced the positives of difficult situations. For example, staff emphasised that moving out of home, while it would be hard, may improve relationships between the young person and their family. Providing information on reducing stress and anxiety, budgeting tips, and relaxation and mindfulness techniques were an ongoing feature of the support provided by staff.

Case management in the MYP also included working with the families of the young people to improve their family relationships where possible. Parents of some of the young people talked with the Project staff regularly to check on the progress of their children. Project staff also discussed with the young person and the family member how they could better communicate with each other and set expectations for each other’s behaviour. In the interviews, family members acknowledged the impact the MYP had had on improving family relationships:

My relationship with my daughter has improved, and she is not as reliant on me as in the past. I feel my daughter is stronger emotionally and is now off medication, which I am happy about. – Family member

Quality of the support

Most young people had no negative feedback about the services received. They reported that they appreciated the honest opinions, the support, and understanding from the MYP support workers. There was no data from those young people who had minimal engagement with the MYP, so the evaluation could not identify their suggestions for the Project. One young person in the Project said staff not answering the office phone was an issue, and when staff turned up unexpectedly at their home, it made them anxious about the appearance and cleanliness of their house. Another young person stated the phone calls and visits they received through the MYP were minimal, and they believed they would have benefitted from additional support.

Overall, the young people reported a positive relationship with the support workers:

I had a good relationship with Neami staff. I felt comfortable. Staff was always nice to me and understood my problems. – Young person

I really enjoyed seeing the workers, and they were very supportive. – Young person

I’ve had a lot of youth workers and case workers, and I haven’t really got along with any of them. I really get along with my Neami worker, and I actually look forward to our next meeting. – Young person

My worker made me feel welcome, understood and respected every time I saw her. I feel equal to my worker, and it’s more of a friendship than a social worker. – Young person
Interviews with stakeholders from other support services that had knowledge and experience of the MYP case management reinforced this positive view of the relationship that developed between support workers and the young people.

I can’t say enough good things about her [the support worker]. She is engaging, she is flexible, she is understanding. She comes in, she’s able to just generate, I guess, definitely an appropriate rapport with the young person regardless of if she already knows the person…So she’s very consistent. – SHS worker

Case notes showed the flexibility and commitment of the MYP staff in providing case management. When the young people moved to other areas and were no longer able to receive clinical mental health support from the Campbelltown area, the support from the MYP remained. In addition, when major incidents occurred in the young people’s lives, staff increased the amount of support. In one instance, following an incident in which a young person had self-harmed and injured a family member in the process, the MYP support worker increased the support to contribute to their wellbeing. Interviews with stakeholders also acknowledged the flexibility and the commitment of the Project staff in providing case management as one of the MYP's unique features.

Overall, feedback from young people and service providers suggests that the flexible and intensive case management model adopted by the MYP was an effective way to provide support to young people. Providing this level of flexible and intensive support was time consuming and challenging as the service model moved with young people (in some cases across different sides of the city). This, combined with the limited staffing for the Project, meant that the secondary aim of the Project to provide training and support to SHS providers was abandoned after discussions with FACS.

Reflecting on the MYP, Project staff highlighted several areas of learning about engaging and providing case management to young people. These are explained in Section 5. Lessons learnt.

**Leaving the Project**

The reasons why young people left the Project included:

- The young person no longer needed assistance from the Project.
- Staff were unable to effectively engage the young person.
- A parent did not provide permission for the young person to engage with the Project.
- The young person decided to discontinue support.

At the time when the Project came to an end in June 2014, there were seven young people receiving support. Two of the young people were in the process of exiting the Project as they said they did not need to receive support anymore. Four young people transitioned to the Housing and Accommodation Support Initiative (HASI) program, where they have continued to receive housing and other support through Neami. One young person transitioned into a step-down program. In the six months following the end of the Project, these five young people were continuing to receive support through Neami.
3. Outcomes

The following section is divided into three parts: the first section presents the outcomes achieved by the young people in the MYP; the second section analyses the impact of the MYP on the family relationships of the young people; and the third section looks at the impact the MYP had on the youth homelessness service providers in the local area.

3.1 Outcomes of young people

This section presents the analysis of data collected in the evaluation about the outcomes of the young people in the following key domains, which are consistent with the objectives of the Project:

- personal wellbeing
- community and social participation
- mental health
- housing
- links to other support services.

Routine outcome data was collected for many of the 30 young people who received support in the MYP. Eleven young people agreed to participate in the formal evaluation process. These young people completed additional measures as well as participated in interviews. The analysis below draws on the experiences of all young people who participated in the Project but is informed more by those who participated in the evaluation.

Personal wellbeing

Interviews with the young people and their families as well as analysis of case notes and outcome measures revealed that participating in the MYP was likely to improve the wellbeing, independence, and confidence of the young people. For example, young people ranked psychological distress and housing lower as an unmet need after completing the CANSAS-P on two separate occasions. These two challenges were the explicit aim of the MYP to improve for young people.

The following interview quote is an example of improvements made in the wellbeing of a young person:

Interviewer: What about the amount of time you feel positive about yourself, has it changed during the time you’ve been engaged in the MYP?

Young person: Yeah, it’s a lot better.

Interviewer: Do you think Neami has had anything to do with these changes?

Young person: Yes, just like with the support with everything, it’s given me that little boost of confidence to get where I am.

Another young person described the role Neami had in improvements to her wellbeing as:

I did a lot of it [make positive changes] on my own but Neami helped me get there quicker and were there for me the whole time. – Young person

As part of the evaluation, those young people who agreed to participate completed the Personal Wellbeing Index (PWI). There was data available at two time points for some of the young people (Appendix E). At the first time point, 11 young people completed the PWI with a mean score of 48.5 (range 28–75) on a scale between 0 and 100, with a higher score indicating higher self-perceived wellbeing. At the second
time point, four young people completed the PWI with a mean score of 66.13 (range 48–77). All four young people reported an increase in their PWI scores; however, this is a small sample to draw definitive conclusions in changes in the PWI scores.

The mean PWI score in the first time point indicates that the young people rated their level of subjective wellbeing lower compared with the general population. On average, the general international population rates their wellbeing between 70 and 80 (International Wellbeing Group, 2006). In a Deakin University study exploring the wellbeing of Australians and the impact of marriage, the overall SWB mean for young people aged 18–25 years was 76.04 (Cummins, et al., 2012).

Looking at the PWI scores for the second time point indicates that these four young people are closer to the mean score for the general population. They were also among those who stayed the longest in the MYP (average number of days in service was 714 days compared with 290 days for all MYP participants). Also, the average length of time between the first and the second time these four young people completed the PWI was 18 months. Their longer participation in the MYP may have been a contributing factor to the changes in their PWI scores.

When comparing the PWI scores to a similar sample, such as that in a recent study by the Royal Melbourne Institute of Technology (RMIT), the mean score for the first time point in the MYP sample was still much lower, indicating that the MYP group of young people experienced considerable amounts of distress and dissatisfaction with their lives. The RMIT study revealed that in a nationwide sample of 13,338 “at risk” young people aged 12-19, the PWI mean was 72.62 (Tomyn & Cummins, 2011). The mean PWI score for the first time point of the current study, which had the larger sample size, is more consistent with the findings of an evaluation conducted by the SPRC of the Time Out House Initiative, in which young people’s mean PWI was 48.94 (Gendera, Fisher, Clements, & Rose, 2012).

For the first time point, mean scores for all eight domains in the PWI as well as the additional question on “How satisfied are you with your life as a whole?” suggests that the young people in this sample experienced current challenges to their personal wellbeing. The low score for “standard of living” suggests that the young people experienced economic disadvantage. According to interviews and case notes, many young people were concerned about their health, including physical health, which is reflected in the low mean score for the “health” domain. The mean scores for domains related to achieving in life, safety, being part of a community, and future security were considerably lower than the means in the studies mentioned above. This reflects issues reported by young people regarding their disengagement from school, education and the broader community, in their family relationships, and perceived safety in their current living situations.

For the second time point, the mean scores were particularly high in the domains of safety, standard of living, and personal relationships. This is reflected in the comments made in interviews by the young people and their families, which highlighted improvements in housing and family relationships at least partly related to participating in the MYP.

A complementary way to assess the wellbeing of the young people in the MYP is to analyse their unmet needs as measured by the CANSAS-P (Appendix A). There was data available for CANSAS-P at two time points, which were on average 12 months apart. Table 7 shows the most frequently reported unmet needs.

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3 For the purposes of the RMIT study “at risk” was defined as a young person eligible for the Youth Connections Program. This meant that the young person was either at risk of disconnecting from education or training and/or at risk of not making a successful transition to further study, training, or employment.

4 The Time Out House Pilot in Queensland was designed to provide approximately three months of outreach and case management support to young people (aged 15–25) whose circumstances have had or may have an impact on their mental health. The participants were a similar group to the MYP young people.
Table 6 - Most frequent CANSAS Unmet Needs

<table>
<thead>
<tr>
<th>First time point</th>
<th>Second time point</th>
</tr>
</thead>
<tbody>
<tr>
<td>CANSAS-P [self] (N=12)</td>
<td>CANSAS-S [worker] (N=13)</td>
</tr>
<tr>
<td>Psychological distress (11 young people identified it as unmet)</td>
<td>Psychological distress (13)</td>
</tr>
<tr>
<td>Daytime activities (7)</td>
<td>Daytime activities (12)</td>
</tr>
<tr>
<td>Housing (6)</td>
<td>Company (5)</td>
</tr>
<tr>
<td>Safety to self (6)</td>
<td>Housing (10)</td>
</tr>
<tr>
<td>Company (5)</td>
<td>Physical health (9)</td>
</tr>
<tr>
<td>Physical health (5)</td>
<td>Safety to self (3)</td>
</tr>
<tr>
<td>CANSAS-P [self] (N=7)</td>
<td>CANSAS-S [worker] (N=8)</td>
</tr>
<tr>
<td>Psychological distress (6)</td>
<td>Psychological distress (5)</td>
</tr>
<tr>
<td>Daytime activities (4)</td>
<td>Money (5)</td>
</tr>
<tr>
<td>Housing (5)</td>
<td>Information on condition (3)</td>
</tr>
<tr>
<td>Safety to self (5)</td>
<td>Money (4)</td>
</tr>
<tr>
<td>Money (9)</td>
<td>Various others with 3 respondents</td>
</tr>
</tbody>
</table>

Source: Neami program data collection March 2011–June 2014

At the first time point, 12 young people completed the CANSAS-P. The average number of unmet needs was 6.9, with the most frequently reported unmet need of the young people being psychological distress.

At the second time point, seven young people completed the CANSAS-P. The average number of unmet needs was 5.7. Of these seven young people, five reported a reduction in the number of unmet needs and two reported an increase in the number of their unmet needs. This is a small sample to draw definitive conclusions from.

There were also changes in relative order of reported unmet needs by the young people. Psychological distress was the most frequently reported unmet need at the first time point. However, at the second time point, company was the most frequently reported unmet need. Daytime activities were an unmet need frequently reported in both time points. Of note is that at the second time point, housing was not among the most frequently reported unmet needs, as it had been in the first time point. At both time points, child-care, safety to others, and telephone were the unmet needs least frequently identified by young people.

There was also data available on the unmet needs of the young people as identified by the MYP support workers (through the CANSAS-S – see Appendix B) at two different time points. Overall, staff identified a higher number of unmet needs than the young people themselves. A comparison showed that the average reported 6.9 unmet needs reported by young people was lower than the average of 9.9 unmet needs identified by staff. Out of the eleven questionnaires available for comparison, staff rated a higher number unmet needs in nine questionnaires; only in one case did the young person report a higher number of unmet needs compared with staff; and only in one case did both the staff and the young person report the same number of unmet needs. This suggests that staff were more likely to identify a higher number of unmet needs than the young people.

At the first time point, there were 13 completed CANSAS-S. The most frequently identified unmet need by staff was psychological distress, followed by company. The unmet needs identified by staff at the first time point are broadly similar with those identified by the young people. Psychological distress, daytime activities, housing, and company were among the most frequently identified unmet needs by both staff and young people. One notable difference is that the young people reported ‘safety to self’ as an unmet need more frequently compared with staff.

For the second time point, there were eight completed CANSAS-S. The average number of unmet needs was 6.4. Out of these eight completed CANSAS-S questionnaires, four reported a reduction in the number of unmet needs compared with the first time point; two reported an increase in the number of unmet needs; and two reported the same number of unmet needs. Similar to young people, there were
changes in the relative order of identified unmet needs by the staff, with daytime activities the most frequently reported unmet need followed by physical health.

Of note is that for both the young people and staff, ‘psychological distress’ and ‘housing’ were lower in the relative ranking of unmet needs at the second time point, which supports the notion that the MYP supported the young people in addressing their mental health and housing challenges.

**Community and social participation**

Almost all the young people expressed a desire to increase their participation in the community through employment, social and recreational activities, and education. This was noted both in interviews and in case notes. As part of the evaluation, the young people completed a questionnaire about their social and economic participation (APQ6). Data was collected at two different time points with 11 young people completing it at the first time point and four young people at the second time point. An overview of the data is available in Appendix F. There were no notable differences between the two time points. As a result, the analysis below refers to the first time point, which had the larger sample size.

Two young people were employed, working 4 and 48 hours respectively in the week prior to completing the APQ6. More than half (54.5%) of the young people were looking for full-time or part-time work. In interviews, many of the young people included having a job as part of their future goals:

- I would like to have a full-time job, possibly completing another TAFE course, have a stable home, have more confidence. – Young person
- I would like to become a youth worker, have a stable home with a friend or partner... – Young person
- I would like to be living in the country, have my own horse breeding and training business. – Young person

Consistent with this, 81.8% of young people who completed the APQ6 were interested in increasing their participation in employment, and 70% were interested in increasing their participation in education. Most of the young people (70%) who wanted to increase their participation in some way reported that they would like help with increasing their participation levels.

A small number of young people were supported in applying for employment, including assistance in writing resumes and preparing for job interviews. One young person was supported to attend a course to develop their budgeting and day to day living skills required to secure and maintain employment. Young people commented that they felt more motivated and confident to pursue their employment and education goals as a result of their involvement in the MYP, and that they felt proud of how far they had come:

- The support I have received from Neami has been that I’ve been referred to a job agency and get taken to appointments. They come in with me which helps me feel less anxious, like I’m not alone. I’ve been helped with looking for work and handing out resumes. – Young person

At the time of completing the APQ6, just under half (45.5%) of the young people were enrolled in a course of study: three were in secondary school, one in TAFE or Technical /Vocational College, and one was completing another course. Those doing a course reported spending 18 and 25 hours a week respectively attending classes and studying.

When asked if they did any unpaid work, one young person reported that they spent time looking after a child aged under 15; one young person reported they did domestic work; and nine stated they did not do any unpaid work.

Seven out of 11 young people reported socialising and visiting friends or relatives. Six reported going out for a meal or for entertainment, and three reported engaging in religious, sport, or physical activity in the past week. Ten out of 11 young people reported socialising through telephone or the internet. When asked how much time they spent on all social activities during the past week, their answers ranged
from 12 to 120 hours (mean 61.8 hours). One person reported having a special interest group activity. Seven out of 11 young people were interested in increasing their involvement in social and recreational activities. This was also reflected in the CANSAS data where daytime activities were one of the most frequently identified unmet needs.

A large component of the support provided by the MYP was to take the young people out on social activities. According to case notes, these included going to the movies, gym, ice-skating, go-karting, bowling, kayaking, visiting zoos, horse-riding, going for scenic drives to national parks or the beach, and hosting Christmas parties. Some of the young people expressed that every week they looked forward to an outing with their support worker. The MYP staff said that the young people wanted these outings because they had fragile friendships and because their families were not able to provide them.

Strategies to re-engage people in meaningful activities could be an area to address in any future program aimed at young people who are disengaged from education or employment and as a result have fewer activities to fill the day. A concern for the young people was that they did not want to be bored during the day, which may have been increased by their lack of engagement in either school or employment. A more sustainable case management model could also include linking young people with other youth services or groups, or re-establish relationships to support them in finding activities during the day.

**Mental health**

One of the goals of the MYP was to minimise the impact of mental health issues on young people and support their mental health recovery. Case notes and interviews with young people and service providers indicated that mental health difficulties had a detrimental impact on young people’s ability to maintain their housing arrangements, personal relationships, and social and community participation. Some young people mentioned self-image and loneliness as a contributor to feelings of depression and suicidal ideation. The MYP workers and service providers identified self-harm as being common among the young people engaged in the MYP and gave examples of young people whose placements in SHS and refuges were terminated as a result of self-harm.

The responses of the six young people who completed the BASIS-32 (Appendix D) revealed that many experienced a range of issues around mental health, which may have been a contributing factor to the high rates of self-harm. They stated they had difficulties in the areas of:

- relation to self / others
- daily living
- depression / anxiety
- impulsive / addictive behaviour.

In addition to these areas and consistent with information reported in previous sections, the young people also reported difficulties with work, school, and relationships with family members. Twenty out of the 30 young people in the MYP had contact with clinical mental health services. Mental health hospital admissions were common among the young people, which indicate the severity of their needs. Most young people had at least one hospital admission during their involvement in the MYP (mean 3.4; median 2; range 0–15+). One young person had more than 15 hospital presentations during their time in the MYP, some of which were related to suicidal ideation and self-harm.

Mental health outcomes of the young people in the MYP were mixed according to interviews and case notes. Some young people experienced improvements in anger management and reduction in medication usage, whilst others did not experience significant changes in their mental health wellbeing. The MYP staff and other service providers recounted examples of young people with severe anxiety or depression whose mental health did not clearly improve despite receiving support up to 4-5 times per week.

One factor that may have hindered achieving greater mental health outcomes for some of the young people may have been that some of them did not want to be labelled as having a mental health diagnosis.
This may be due to a fear of stigma or other social consequences which they felt may arise from having a mental health diagnosis. The inability of the support workers to directly address the mental health needs as a result of this may have impacted on the mental health outcomes for the young people.

However, other young people experienced better mental health outcomes. A common characteristic of the group was the longer time they received support from the Project. Interviews with these young people indicated they believed their overall quality of life had stayed the same or become much better after entering the MYP. Their sense of hope was better or much better, and their mental health was better or much better. The following quote from a young person outlines how they perceived their mental health to have improved as a result of receiving support from the MYP:

My mental health improved in the time I was with Neami as they distracted and helped me in any way that would benefit me. – Young person

Some of the family members of these young people said:

I feel my daughter is stronger emotionally and is now off medication, which I am happy about. – Mother of young person

Her mental health is much better, and there has not been any self-harm that I am aware of. – Family member

The support provided in the MYP focused mostly on practical aspects of finding housing, employment, or increasing community and social participation. This may have contributed to the mixed mental health outcomes achieved in the MYP. In addition, the limited resources, where one support worker predominately provided intensive case management to up to 10 young people at a time and had to make choices about the focus of support (housing versus mental health), may have had an impact.

The specific support needed for each person to improve mental health outcomes depended on:

• the immediate needs of the young person, for example, housing, safety, or physical health needs
• the goals of the young person for the support they would like to receive
• the judgement of the support worker.

The outcomes demonstrate the interrelationship between addressing immediate needs such as housing that take precedent in support work, and a focus on short and longer-term mental health and wellbeing.

Housing

Assisting young people in securing stable housing constituted a major component of time spent by the MYP staff. Many of the young people supported through the MYP moved around between various SHS. One young person had stayed in 15 different SHS in the time they had been engaged in the MYP, and the average number of SHS used by the young people was two (range 0–15). Case notes indicated that due to challenging behaviours such as breaking house rules or engaging in self-harm, many young people engaged in the MYP were exited from refuges.

As evidenced by participant case notes and stakeholder interviews, the MYP support workers faced challenges in finding suitable housing for young people, including the limited availability of places and the complexity of issues experienced by young people.

As a result of the support provided by the MYP, some of young people were able to secure medium to long-term housing. This is illustrated by these quotes:

They helped to refer to housing to try to find shared accommodation that I can move into after my time is up at where I’m living now. – Young person

They helped me find a house and move out of the refuge. – Young person
The MYP not only supported them to find housing, but also assisted them in buying furniture and appliances. In addition, the MYP workers assisted some young people in developing their independent living skills such as cooking and cleaning. Five young people transitioned into HASI, where they continue to receive housing support through Neami.

**Links with other support services**

Several young people reported improved links with mental health and housing support services according to the interviews and case notes. The support workers dedicated much time to liaising and organising appointments on behalf of young people with various services including: Centrelink, ICAMHS, housing refuges, and drug and alcohol youth health services. The young people stated that they had been able to link with community and social activities, pursue employment or education opportunities and work on goals that were meaningful to them. They indicated that assistance linking with services was a vital part of the support they received as they found trying to navigate the service system themselves confusing and anxiety-producing.

Interviews with young people indicated that their ability to access other support services was improved compared with when they first entered the MYP:

> I have received a lot of support from Neami staff with the help of things at home and helping and supporting me while I moved to [refuge]. – Young person

One family member acknowledged the support of the MYP staff in supporting their daughter in going to appointments:

> I see her confidence growing and I know that she’s supported so if there’s something that she has to go to, you know her worker from Neami is there with her, there is no way that she would be able to get to go to those appointments without that support… – Mother of young person

### 3.2 Outcomes for family relationships

The MYP staff highlighted that it was a priority for them to restore family relationships when it was safe for the young person. As many young people were not in contact with their families, staff engaged with family members if the young person gave them permission to do so. The two family members interviewed at two time points for the evaluation found the MYP supported improvements in the relationship:

> My relationship with my daughter has improved, and she is not as reliant on me as in the past. – Family member

> Our relationship has improved, and there are hardly any verbal fights and no more physical fights with myself or her sister. – Family member

> I’d really like to thank [the support workers] especially and Neami because, really without that support, I don’t know where we would be. And that’s from the heart – you came at a time that we really needed help….I’m really appreciative and I know my daughter is too. – Family member

The interviews suggested that staff gave information to family members about mental illness and how to best support the young person to reduce the impact of mental illness. A quote from an MYP staff member outlines how Neami supported restoring the relationship between young people and their families:

> So providing a bit more context, I suppose, for families...links for them to get information and support. Also, just having another person involved to take some of that burden. – MYP staff member

Family members and service providers noted that the MYP was able to support the young people with going to appointments and other engagements, which freed the family members to provide other support or work on their relationships with the young people:
I would have to be doing that [taking the young person to appointments], and as I said I was totally worn out and I couldn't be the mother that she needed as well as that support person 24/7, so it's really been good. – Family member

Both family members who participated in an interview had positive experiences with the MYP, and this did not change over the two time periods. Overall, these family members perceived the MYP staff to be accessible and available. One respondent commented that “If I need to know anything I can always ring.” However, this is a very small sample size, and a larger sample might yield more mixed results.

Several young people interviewed noted that their relationship with their families had improved as a result of the support provided in the MYP:

My relationship with my mum is heaps better, and we don't fight anymore. I see my mum or talk to mum every day. – Young person

My relationship with family is heaps better. I have moved back home now, and we hardly fight anymore. – Young person

I was happy with the way Neami worked with my mum and spoke to my mum. Neami workers always told me when they were going to talk to mum, so I knew what was going on. – Young person

### 3.3 Outcomes for youth homelessness services

A secondary aim of the MYP was to provide training and secondary consultation to youth homelessness services in the area, so they could increase their capacity to provide support to young people with mental illness. The emphasis on this aim was changed due to the way the limited resourcing and staffing of the project was prioritised. The MYP had one main support worker who was tasked with both providing support to young people and youth homelessness services. Because the Project prioritised direct support, the main support workers did not have enough time and resources to accomplish the secondary aim. Consequently, and in consultation with FACS—the funder of the MYP—no training was provided to the youth homelessness services with regard to mental health. In addition, some of the youth homelessness services declined offers of training or support beyond providing case management support to the young people.

However, the MYP still provided case management support to youth homelessness services and demonstrated good practice on an individual basis, which could be extended to supporting other young people. The case notes and interviews with stakeholders established that the MYP was viewed by other youth homelessness services as meeting a need in the area.

All service providers interviewed for the evaluation felt that the Project filled a gap in services as the MYP supported young people in areas the existing service providers did not consider they had the ability to support.

I think it's just really important that if there's the capacity to build and extend the service within the area, that would be really good because it's just that flexibility, it's just that different—I guess that outreach. – Service provider

Although these service providers did not receive any formal consultation or training from the MYP, many reported having been supported in their work with young people. One respondent described how the MYP supported their work:

It's not just about Neami worker going out and doing work with young people. She can spend a couple of hours a day on the phone with services or accommodation places just to give staff some information or education or knowledge about what's in the area, what they can do, who to contact if the kids are displaying certain mental health issues. Having Neami's support with mental health has been a big help to our service as well in being able to support the young people with that. – Service provider
In a focus group with service providers, held as part of the evaluation, one person commented that the support the MYP provided helped them to work more effectively with young people. For example, a young person who phoned their service was specific about what she needed from the service as she had talked about it with the MYP support worker prior to calling.

Some of the support services noted that their timeframe for providing support was usually quite short—at around three months. They said that having a program like the MYP where the support was not time-limited meant that the young person had a consistent source of support even if other support services changed.

One example where support services and the MYP support staff worked together to provide support and find long-term housing related to a young woman who had stayed in a mental health inpatient ward for nine months, followed by three months in drug and alcohol rehabilitation. With regular case conferences between various services including the MYP, she received coordinated support, and within six months she was able to obtain private rental housing. The services noted that one contributing factor was that the MYP was able to provide support on Saturdays when the other services were closed. Also, they said the support provided by the MYP was complementary to their own services, as the MYP assisted with housing, health, education and social outings—areas that they could not support.

[the MYP support staff] were able to come and see the young person on a Saturday, take them out for a coffee... What we do at the refuge, we do life with them. To have somebody else that’s not always going to be the person that’s chasing them up for chores and all that sort of stuff but is still a service provider, that just opens up a whole lot for young people. It just really gives them a different take, a different aspect on services and assistance that they can receive.

– SHS worker

In summary, it’s fantastic. The work that they do with the young people, we’ve seen get great results. – SHS worker

Other support services noted the positive relationship between the MYP support staff and their organisation. Some noted that this may have been more a result of individual relationships between workers and not the organisations more broadly. No Memorandum of Understanding (MOU) or other formal partnership agreements between Neami and other relevant services existed. Some organisations perceived this to be a strength as it enabled the MYP to remain flexible in its approach with young people. Others believed that an MOU would assist in formalising roles and responsibilities and ensuring that knowledge could be shared among workers. Throughout the Project, the MYP support workers attended case conferences with other services to coordinate support for young people. In addition, the MYP staff regularly updated case managers and family and carers of the young people, where appropriate, with the support the young people were receiving. This approach appeared effective as it fitted with the flexible nature of the Project and facilitated collaboration with other services to provide consistent support to the young people.

Some interview respondents stated they faced difficulty in maintaining relationships between SHS providers and MYP staff due to the differences in core working hours and high staff turnover in service organisations in the sector.

The service providers were concerned about the gap in mental health and housing services for the age bracket between adolescent and adult services. They also had conflicting views about the ability of SHS providers to respond to the mental health issues of young people. Anecdotes were mentioned where young people who had self-harmed were exited from refuges due to their assessment that their needs were “higher than the service could cater for”. This comment echoes that the greatest need identified by SHS staff was with regard to training to manage self-harm. One SHS respondent stated that they believed that refuges and crisis housing required more training to enable them to effectively address self-harm behaviours instead of exiting young people. A common theme in interviews was the cycle that many young people went through when they were exited from an SHS as a result of self-harming behaviour:
My impression is that [staff] probably do try, but they feel as though – because they’re not mental health trained, they therefore lack the skills and expertise to do it. For example, a common area is they’re not able to distinguish between self-harm and suicide risk. They would interpret every girl who self-harms as being suicidal. Whereas it’s not really the case. I would agree that the actual refuges or crisis accommodation need more training in terms of how they work with the clients rather than say they’re going to support them but when it becomes too difficult they just say okay let’s exit them and we’ll get somebody else. It’s just a cycle. The client just goes from one place to another because no one’s actually looking at how they can support them. – SHS worker

Even though the secondary Project aim of consulting to SHS providers was not pursued as initially intended, the MYP still increased the capacity of some SHS providers to respond to the mental health needs of young people:

One of the biggest needs that we’re seeing—a lot of our clients here have mental health issues. So having Neami’s support with mental health has been a big help to our service as well in being able to support the young people with that. – SHS worker

Having another agency that has not only expertise and skills, but just an understanding, was very helpful. – SHS worker

All respondents from other support services involved in the evaluations recognised that the high caseload and case management focus of the MYP support workers reduced the capacity of the MYP to provide consultation services to SHS providers.

One SHS provider believed that some SHS staff were hesitant to ask for advice or support:

A lot of the services, they like to work in isolation and it’s like they don’t want people asking questions about why they do it, or how they do it. Having more services involved is not beneficial for them because sometimes they get caught out. – Service provider

These service providers wished that the MYP could become a permanent program. All expressed a desire for the MYP to have had additional staff to provide support to a larger number of young people.

3.4 Case Studies

The case studies below reflect the experiences of the young people who engaged with the program. Pseudonyms have been used and some details changed to maintain anonymity of the young people.

Case Study – Susan and Liz

Susan and Liz are sisters who were living with their primary carer when they started to receive support from the MYP. Susan started to receive support first, and later Liz was included in the Project as well. Susan’s carer wanted her to move out of the family home as Susan had difficulty controlling her anger and frustration, resulting in outbursts and verbal fights with her carer and sister. These fights had a detrimental impact on family relationships.

Neami worked with Susan and the rest of her family on setting expectations for behaviour towards each other and planning chores and other strategies to minimise frustrations experienced by all family members. Staff supported Susan in how to do basic household chores like cooking and cleaning.

While these strategies worked for a short time, eventually Susan’s carer asked Susan to move out as she could not continue to support Susan. Neami was able to find a place in a youth residential facility for Susan. When the time to move came, Susan became nervous and questioned whether she wanted to go ahead with the move. The MYP support worker explored Susan’s feelings with her, highlighting that moving away from home may assist in improving Susan’s relationship with her family. Susan agreed and went ahead with the move to a refuge.

While Susan was at the residential facility, the MYP workers supported Susan to enrol in TAFE. Susan was not sure how to get to TAFE, and this was making her nervous. The MYP worker had a trial run with
Susan on which train to catch and which train stop to get off at so she had more confidence in getting to TAFE. Other support included connecting with employment agencies, support her with her horse-riding hobby, and going to social outings like ice-skating, kayaking and go-karting. Both Susan and her primary carer commented that after Susan had moved away from home, their relationship had greatly improved.

While Susan was receiving support from Neami, Liz, her sister, also started to receive support. Liz was finding it challenging making decisions and voicing her opinions. Neami supported her to make small decisions every day to gain more confidence. Liz was also having difficulty in her relationship with her carer. Neami worked with Liz and her carer on how they could better communicate with each other. Neami also supported Liz with going on outings, often with her sister Susan.

Towards the end of the Project, Susan and Liz were receiving less frequent support as they became more independent. They exited the Project as they felt they did not need support from the MYP anymore. At the time when Susan exited the MYP, she had finished TAFE and was completing a transition to work program. She had returned to living with her sister and primary carer, and she said the relationship was much better with hardly any fights occurring.

**Case study – Nick**

Nick was living in a youth homelessness service when he started to receive support from the MYP. He had limited contact with his family and had relationship difficulties with his girlfriend. He was experiencing depression and suicidal thoughts at the time.

Nick was quite clear about what he wanted from the Project. He expressed a desire to eventually not need medication and counselling. In response, the MYP workers provided information on how he could get assistance in the community and on self-help techniques. Nick also expressed an interest in sport and fitness. As part of his support, Neami paid for Nick to join a gym, which he attended regularly during his time in the Project. Neami also supported Nick to find employment. He started work in a local supermarket while he was completing year 12. In addition, Neami supported Nick to gain his driver’s licence.

Nick’s engagement with the Project reduced around the same time his attendance at school reduced, which led to him leaving school. Eventually, Nick moved out of the facility he was living in and moved in with his girlfriend in a different city. The MYP staff continued to try to provide support to Nick over the phone, but his engagement did not increase. When staff had a discussion with Nick about exiting the Project, Nick had no issues with this, and he exited the MYP.

**Case study – Emily**

Emily was living at home when she started to receive support in the MYP. Emily’s mother expressed concern about Emily staying in the family home because of Emily’s behaviour. Emily had a difficult relationship with her mother, and there were frequent arguments between them. Emily also had self-harmed on numerous occasions. The main aim of the support provided to Emily was to assist her to stay at home through finding effective coping mechanisms. One option Neami explored with Emily was using equine therapy as she liked animals, especially horses.

Emily was attending school regularly. She also worked for a while at a takeaway shop. Neami supported Emily to do work experience in a pet shop as well as volunteer with a charity. Emily usually received support once a week but this increased depending on her needs, for example in school holidays when she spent more time at home.
Frequently, the support workers took Emily on outings such as going to the zoo, bowling, horse-riding, and walking in nature parks. Staff also supported Emily to get her learner licence, Medicare card, and library card. The support workers created a weekly planner with Emily so she knew what was coming up. She said this gave her something to look forward to. In addition, Neami supported Emily to join a gym, and staff visited the gym with Emily initially to make her familiar with it.

Towards the end of the MYP, as Emily was getting older and contemplating moving out of home, Emily was considered for a step-down program, which would provide 18 months rebated housing and intensive support leading to independent living and employment.
4. Financial costs

The total cost of the MYP was $274,037 (excluding the cost of the evaluation at $54,958) from December 2010 to June 2014. The funding was provided from FACS as block funding. The Department instructed Neami to deliver the MYP until funding ran out.

Close to two-thirds (63% or $172,481) of total Project costs was for staff salaries. In the first financial year of the MYP, when the Project was set up, the largest proportion of expenditure was on establishment costs such as office equipment, office staff, and related expenses. Following this period, as the MYP continued, the proportion of these costs reduced to become 33% of total costs for the life of the Program.

Other notable costs included:

- around $10,500 was spent on direct consumer costs for items such as furniture, whitegoods, and homewares
- around $55,000 was spent on the evaluation of the MYP.

A breakdown of costs by financial year is provided in Table 7. In total, the MYP provided support to 30 young people with 3,607 hours of support received. Over the life of the Project, the cost per hour of support was $76, with the average cost of support per person per month being $958, with an average of 6 months in the project. The average cost of supporting a young person was $9,142 (ranging from $291 to $47,957). Previous research conducted by the City of Sydney, Neami, Faces in the Street, and the Nous Group estimated that the cost of providing support to a rough sleeper each year was $28,700 (Joffe, Chow, Heligman, Wilhelm, & Collins, 2012). Based on the positive housing outcomes achieved for the young people in the Project, where some were able to secure medium-term housing or transitioned into other housing support services, the early intervention approach adopted in the MYP arguably reduced the risk of some young people becoming homeless over the long-term. Additionally, by supporting young people’s mental health and their engagement in education and employment, their longer-term economic participation was supported, and thus arguably minimised potential future costs to homelessness, health, and justice services.

All Neami staff as well as the other youth homelessness services perceived the Project to be under-resourced in terms of the number of support workers if they were to continue to provide this type of direct in-depth support, rather than a case management and capacity building model. Many said that an additional key worker would have been beneficial as it would have increased the capacity of the MYP to provide more in-depth support to a greater number of young people. Alternative models that might have been more cost efficient could have been to prioritise case management, planning, referral, and transition planning.
### Table 7 - Total Project Costs

<table>
<thead>
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<tbody>
<tr>
<td>Salaries</td>
<td>$3,380 (14% of total costs)</td>
<td>$80,449 (75%)</td>
<td>$50,543 (61%)</td>
<td>$38,109 (64%)</td>
<td>$172,481 (63%)</td>
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<tr>
<td>Consumer costs (Brokerage)</td>
<td>$873 (4%)</td>
<td>$923 (1%)</td>
<td>$7,978 (10%)</td>
<td>$787 (1%)</td>
<td>$10,560 (4%)</td>
</tr>
</tbody>
</table>

Other costs, including:
- Office costs
- Occupancy costs
- Staff related
- Finance costs $20,582 (83%) $25,815 (24%) $24,253 (29%) $20,718 (35%) $91,368 (33%)
- Depreciation
- Audit costs
- Vehicle costs
- Other costs

Total costs $24,834 (100%) $107,187 (100%) $82,680 (100%) $59,572 (100%) $274,037 (100%)

<table>
<thead>
<tr>
<th></th>
<th>Number of young people in the Project at the time</th>
<th>Hours of support provided</th>
<th>Average cost per hour of support</th>
<th>Average hours of support per person per month</th>
<th>Average cost per person per month</th>
<th>Evaluation</th>
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<tbody>
<tr>
<td></td>
<td>7 from Mar-11</td>
<td>15</td>
<td>1482</td>
<td>15</td>
<td>$1,774</td>
<td>-</td>
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<tr>
<td></td>
<td></td>
<td>16</td>
<td>1169</td>
<td>15</td>
<td>$1,178</td>
<td>$43,969</td>
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<td></td>
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<td>30</td>
<td>3607</td>
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<td>$819</td>
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<td></td>
<td></td>
<td></td>
<td>$745</td>
<td></td>
<td>$76</td>
<td>$54,958</td>
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</tbody>
</table>

Source: Neami financial data December 2010–June 2014

Note: Funding for the Project started in December 2010 and support provision started in March 2011. Percentages may not add up to 100% because of rounding.
5. Lessons Learnt

The MYP was a pilot project designed to meet a gap in services provided to young people with mental illness who were also experiencing or were at risk of homelessness. It was a unique project, which many stakeholders acknowledged in interviews. The evaluation provided an opportunity to reflect on what Neami learnt in delivering this new project. The first section reflects on the lessons for delivering a project aimed specifically at young people and what may be useful for future projects. The second section reflects on the management and organisation of the MYP and the lessons learnt that may be useful for any current or future projects.

5.1 Lessons for working with young people

Prior to the MYP, Neami did not have a program specifically aimed at supporting young people in NSW, so the Project provided an opportunity for Neami to learn and improve service delivery especially aimed at young people.

While all support work provided by Neami is underpinned by the Collaborative Recovery Model (CRM) (see box for more details), providing support to young people required specific skills and greater emphasis on certain areas.

Reflecting on the MYP, project staff highlighted lessons learnt that assisted them in working with young people. What follows combines these staff reflections with comments and recommendations from the young people, their families, and stakeholders of the Project, as well as analysis of case notes.

This is not a best practice guide for working with young people, but a summary of the specific lessons learnt from delivering the MYP at Neami. Many other aspects of delivering support to young people are not covered.

Lessons from these experiences relate to:

A. flexibility
B. time
C. gender and continuity of support staff
D. tapping into young people’s interests
E. crisis management
F. sexual health
G. access to brokerage funds
H. building positive family relationships
I. young people are not adults.

Collaborative Recovery Model

The Collaborative Recovery Model (CRM) was developed over several years at the University of Wollongong and incorporates evidence of practices that have previously assisted people living with enduring mental illness. Influences include Positive Psychology, psychosocial rehabilitation principles, motivational interviewing and the Stages of Change model.

The model has two guiding principles:

Recovery is an Individual Process

Recovery is described as a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness (Anthony, 1993).

Collaboration and Autonomy Support

Research consistently shows a correlation between the strength of the working relationship between a person who is recovering and people who are assisting this process and mental health outcomes (e.g., Martin, et al., 2000).
A. Flexibility

...in engagement

The MYP staff reflected that one of most important principles in working with young people was the need to be flexible. One of the key MYP support workers noted that it was not a traditional “9am-5pm” support role and that many young people needed support at night or on weekends. In addition, as mentioned in case notes, the support staff often made plans with young people for support in advance but these were often either cancelled or changed at the last minute. Some of the common reasons for these changes were that either the young person forgot about the appointment, or they wanted to do something else. The staff worked with these changes to provide support.

Some of the stakeholders interviewed also noted the flexibility of staff working with young people and highlighted this as one of the strengths of the Project. They mentioned that homelessness services may be more limited in the support they could provide to young people (in time, range, and geography), but the flexible approach offered by the MYP complemented the support work of the refuges.

...in geography

Many stakeholders and MYP staff noted that the flexibility of staff to engage across a wide geographical area—which was built into the service design—was an advantage in meeting the needs of the young people. Some of the young people in the MYP moved across various geographical and Local Government Areas, but MYP staff were able to continue to provide support, whereas some of the SHS were limited to providing support within a small geographic area. This ability of staff to continue their support and relationship with young people was viewed positively and provided the young people with consistent support, especially when the other support services around them were changing.

...in age

Many of the stakeholders, the young people and their families recommended that the age range be expanded to cover young people aged both under 16 years and over 18 years. The initial design of the MYP included only young people aged 16–18 years. However, the MYP did eventually include five people younger than 16 years as a result of their need for support. They were included with the knowledge of FACS and the consent of their parents. The stakeholders of the MYP recommended that a future iteration of a similar project should formally include those aged 14 years at the least.

Families of the young people who participated in the evaluation recommended that the upper age range of the MYP be expanded to at least 20 years old as they believed young people may still need support beyond 18 years. Some stakeholders also noted that there was a gap between support services aimed at young people and those aimed at adults.

In delivering a long-term, youth-focused outreach project, flexibility to provide support to a wide age range is important so that young people can have the continuity of support as they get older.
B. Time

MYP staff noted that time was a central factor in building a working and supportive relationship with young people, and that achieving positive outcomes with young people may take longer than with adults. In addition, the staff pointed out that many of the SHS providers could only work with young people for a short time (three months or so), which increased the anxiety some of the young people were experiencing. Not having the pressure of deadlines may have contributed to development of positive relationships between the support staff and the young people.

Relatedly, unlike adults who may have more experience around receiving support, the staff noted that with young people, being “too outcome-focused” or constantly “working on needs” may be counter-productive, being a “friend” was sometimes helpful, and establishing that friendly but still supportive relationship took time.

C. Gender and continuity of support staff

Some young people and their families commented that changes in support staff were challenging for the young people. Lack of confidence was common among the young people, and building the trust and confidence to open up to support workers took time. Changes in support staff meant that a new relationship had to be built, which some of the families of the young people said had a negative impact on the support.

The changes with staff all the time was hard for her and I found it a bit disappointing. I think the quality of the support did drop because she was unable to build up trust and rapport with other staff quickly. It takes a lot of time for her to open up. – Guardian of young person.

The MYP had usually one staff member who was designated as the key MYP support worker. Several of the Neami Campbelltown team also provided support when needed, for example if the key worker was on leave. When the key support worker was male, some of the young women in the project said they preferred to have a female support worker. A future iteration of a similar project is likely to provide effective support if there is more than one key worker and if the key workers included at least one male and one female worker.

D. Tapping into young people’s interests

The MYP staff noted that an effective way to engage with the young people was to find out what their interests were and organise activities around these. One example was a young person who wanted to play hockey. The support staff contacted local clubs and found a vacancy. The MYP also bought some equipment and clothing for this young person to assist her playing hockey and provided transport to practice on weeknights and to games on weekends. Eventually, she was able to find transport through members of the hockey team to attend games and practice. The staff said that it was important not just to find a sporting club for this young person and refer them but to provide support in getting to practice and games, especially at the start, as the young person was anxious about this new experience.

Tapping into the interests of the young people is in line with the CRM that Neami uses to underpin its service delivery. Under the CRM, consumers are supported to clarify their values and strengths and set goals. This means that the support provided is shaped and directed by the consumer and that it supports what the consumer wants to achieve.

Almost all the young people in the evaluation had long-term goals about what they wanted in life. Apart from finding stable housing, all wanted to finish studying or find a job:

I’d probably go buy a farm, have a horse, a motorbike, an old thrashed car so you could thrash it around the bush...maybe be a mental health worker on a unit. Be like, someone they can relate to. I can relate to them and be like ‘these are my scars, if I can make it, I think you can too. – Young person
The MYP staff said that these long-term goals helped to engage the young people with school or work. Many of the young people did not know how to achieve their long-term goals, so staff assisted them to map out the steps to achieve these goals, for example, finishing school to find a job in the future.

The MYP staff frequently took many of the young people on outings, including the movies, bowling, and go-karting, since many expressed a desire to not be ‘bored’ during the day. These outings were fun for the young people, and some said they gave them something to look forward to during the week. They may also have assisted in building a close relationship between the support staff and the young people as it was a tangible way for staff to demonstrate that they listened to what the young people wanted to do. This is likely to have enhanced the success of support provided to the young people. A risk in this direct service approach is that it is time-intensive and does not build sustainable relationships unless it is incorporated into longer-term transition goals.

### E. Crisis management

The MYP staff said crisis events may have been more frequent with the young people in the Project compared with adults. They perceived the number of self-harm and suicide attempts to be higher compared with adults. On many occasions, the MYP staff provided support to young people during crises, for example when the young person was distressed or in hospital. In addition, staff said that even if the situation may not be considered a crisis by an adult, it felt like one to a young person. Therefore, staff highlighted that their crisis management skills, especially responding to self-harm, and developing the self-management skill for the young person were important.

### F. Sexual health

The MYP staff noted that sexual health was a concern for many young people in the Project. For example, one young woman was tested several times for pregnancy and received treatment for several sexually transmitted diseases. The MYP staff said this was a particular area for providing support as it could be a bigger concern for young people compared with older adults. The staff noted that a future iteration of a similar project should include specific training on sexual health for support workers so they can provide more effective support.

### G. Access to brokerage funds

As part of the funding for the MYP, support staff had access to brokerage funds to supplement their support work. Brokerage funds can be defined as the purchase of goods or services that will support the consumer in meeting their goals. These funds gave the staff flexibility to help the young people achieve their goals. Some examples of where the funding was used included purchasing whitegoods and furniture for young people when they moved into new housing, purchasing clothing for one young person because their clothes were worn out, purchasing sporting equipment and gym memberships, and paying for social activities such as kayaking, visits to the zoo, ice-skating and movies.

### H. Building positive family relationships

The MYP staff noted that it was a priority for them to build or maintain positive relationships between the young people and their families when it was safe for them to do so. This was not possible for some of the young people as they had minimal contact with their families, or their families were a risk to them. Family relationships are important with regard to homelessness for two reasons: a breakdown in family relationships is a prominent reason why young people become homeless; and families can be a source of support to the young person to alleviate the risk of long-term homelessness.

The staff engaged with the families only if the young person agreed, and staff always informed the young person when they were engaging with family members. Some of the young people commented that they liked that staff informed their families. Families reported that they found it useful when support workers contacted them to update them on how the young person was going. Some suggested that more contact would have been better.
I. Young people are not adults

Adolescence can be a time of turmoil. Many young people are learning about who they are, discovering their interests, and trying to figure out what they want their future to be. In many young people, there could be a lack of maturity and experience regarding behaviour and decision making. The MYP staff observed this in many of the young people in the Project, but they felt it should not mean staff displace decision-making by young people. The MYP staff, as demonstrated in case notes and focus groups, adopted a dignity of risk approach, allowing the young people to make their own choices and supporting them to work through the issues.

Staff also noticed that the young people responded well and engaged with workers who were more light-hearted and fun in their engagement. Some staff and stakeholders noticed that the young people seemed to engage better when the support workers were closer to their age, perhaps allowing the young people to relate better to the support workers.

5.2 Lessons for program management

The following section reflects on the lessons learnt from the MYP, which may be useful for program management in any current or future projects.

These lessons relate to:

A. Collaboration
B. Planning and oversight
C. Training for staff
D. Relationships.

A. Collaboration

The evaluation presented Neami National with an opportunity to reflect on how to foster innovation and collaboration in the organisation. The MYP was a pilot project, and Neami is committed to pursuing innovation, so the lessons learnt from managing the MYP have potential implications for wider program management in the organisation.

To utilise this opportunity, Neami held a workshop to reflect on how collaboration between its Research and Evaluation and Service Delivery teams can support the organisation to adapt to new and innovative programs. The discussion was facilitated by an external consultant and included members of the evaluation team and the MYP staff.

In the workshop, the group identified collaboration as a key component of managing innovative projects. To increase collaboration and cooperation between Service Delivery staff and Service Development team (which includes the research and evaluation team), the group noted that it was important to adhere to the principles of the CRM and build a working alliance based on its principles.

The group explored the notion of developing a service cooperation agreement which would incorporate the principles of CRM. The first of these is the concept of mutuality, where both parties are equally responsible for taking care of the relationship that is built on trust, respect, and compassion. The second and closely related principle is being upfront about what each party expects from the other party and being explicit about what to do in case of an alliance rupture (where the relationship veers off plan). The third principle is action planning, which outlines specific actions that will need to happen to achieve the goals. An agreement / contract can assist in facilitating these three principles as it can clarify the roles and responsibilities of each party in maintaining the relationship and setting out specific actions to monitor progress.

These broad principles can apply to any working relationship. More detailed notes from the reflective workshop are in Appendix G.
B. Planning and oversight

Another lesson highlighted in the workshop was around providing effective guidance and support for projects from senior state management in the organisation. The group acknowledged that although a formal governance process was established, the organisation did not fully commit to the process. For example, fewer and fewer meetings were held as the project progressed even though the need for continued oversight was still required.

The group also acknowledged that senior management in the organisation could have provided better support and guidance to ensure that planning and management of the MYP was optimal. The MYP staff highlighted that more detailed planning in several aspects of the Project would have been beneficial. The first aspect was about clarifying the key expected outcomes of the MYP support workers. Clarity is needed, for example, in terms of expectations about the length of time staff should work with a young person and how to set and achieve goals for transition. Secondly, the MYP staff noted that there was no detailed promotion strategy of the Project to its stakeholders. They said such a strategy would have assisted in communicating and promoting the Project. It was acknowledged that senior management could have provided further assistance in promoting the Project to other services and in ensuring recommendations from the interim evaluation were implemented.

Furthermore, a project management approach could have assisted in mitigating the effects of changes in managers and Project staff and could have provided better continuity for the Project itself and its staff.

C. Training for staff

Although providing youth outreach requires the same skills base as providing support to adults—based on the CRM at Neami—the MYP staff noted that some specialised training with regard to issues related to young people and homelessness would have been beneficial. These included training on:

- specific legislation and other regulatory requirements that may either impact staff or could provide opportunities for staff to explore in providing support to young people
- providing support on sexual health-related issues
- responding to self-harm
- local services that staff can link young people with to receive specialised support.

If the initial Project aim of capacity to youth homelessness services had been pursued, the MYP staff noted that it would have been useful to have training on how best to build organisational relationships and capacity. Alternatively, if a future iteration of a project was to incorporate capacity building to SHS providers, consideration should be given on whether the support workers would be best placed to provide this training as their core work is providing support. Another approach could also be that the Learning and Development team at Neami—who provide internal training—develop a training course incorporating input from the support staff. This has the benefits of incorporating the expertise of the training team as well as formalising training and ensuring that the skill set is added to the corporate knowledge base at Neami. Asking the SHS providers on their capacity needs would assist in tailoring relevant support for them. It should be noted that many of the services have limited resources to undertake any training.

D. Relationships

Many of the SHS providers noted the positive relationships they had with the MYP staff. Some SHS providers said it was positive that there was no formal arrangement between them and Neami as this allowed flexibility in the relationship. However, others would have preferred a formalised relationship (with an MOU for example), which could reduce the risk of relying on positive personal relationships to coordinate support. An MOU could also assist in clarifying the expectations between services. A future project should consider whether an MOU would enhance the relationship between the different services.
Staff noted that another important relationship that they developed was with the local Police as the Police could offer assistance in finding suitable housing. In addition, according to case notes, on several occasions the staff had interactions with Police because the young people they were providing support to had contact with the Police. Maintaining a relationship with the Police could assist in providing support to young people, for example gaining a better understanding of the situation of the young person.

Another recommendation from one SHS provider that could assist in improving relations was having a specific intake person for the MYP. The SHS provider stated that a specific intake person would have streamlined the referrals process as quite often it was difficult to contact the MYP support workers quickly because they were off-site providing support. An intake person could develop relationships with the different services, which could serve as a resource for the support workers and reduce their work load.

In addition, one SHS provider commented that a debriefing session between the services when a consumer ceases receiving support would assist in improving relationships and the support provided by the services. A debriefing session would give an opportunity to reflect on what worked well with the relations and what could improve. Similarly, such reflective opportunities with the young person could have provided feedback about how to improve the service.

5.4 Implications

The following implications are drawn from the lessons learnt as part of delivering the MYP at Neami. The suggestions are aimed at similar projects to support young people. They aim to build on what was delivered as part of the MYP and include:

- Have at least two key support workers – one male and one female. Benefits would include staff gender diversity, continuity in support and program integrity, and ensuring that each young person receives support from a small number of support workers. Budget management might require that this role is only one of their responsibilities.

- Expand the age range of a similar project in the future to be more inclusive, i.e., Include young people from ages 14 to 21 years.

- Consider creating an intake person role responsible for admission into the program—separate from the support workers.

- Train staff on sexual health needs of young people and increase staff skills to respond to self-harm.

- Ensure staff are aware of any relevant legislation and regulatory requirements.

- Develop capacity building training for youth homelessness services in conjunction with the neami learning and development team, which will ensure that the training incorporates appropriate adult learning techniques and adds to corporate knowledge.

- Create a detailed project plan that clarifies roles, responsibilities, aims and outcomes of the project and refine these as the project progresses.

- Adopt project management and accountability structures to oversee the implementation and development of the program as it responds to emerging changes.

- Ensure that the established governance process for the project that oversees accountability in the project is followed or intentionally adapted to changing demands.

- Consider creating an MOU with other services for regular contact and preferred means of collaboration.

- Inform the local police and other relevant services and develop cooperative relationships.
• When a young person leaves the program, have a debriefing session with the other services involved in support to reflect on what worked well and what could have been done differently in coordination and support. Ask the young person how they thought the support could be improved.

• Create a service coordination agreement / contract between internal teams of the organisation that have a stake in the project:
  · The contract should incorporate the principles of CRM between teams that need to work together.
  · The contract should clarify the roles, responsibilities, and expectations of each party and should include specific actions and goals to monitor progress as well as plans on what needs to happen when there are relationship difficulties.

As a result of delivering the MYP, Neami has gained experience in providing support services to young people. When future opportunities arise, this experience should encourage Neami to apply to deliver services to young people. This would consolidate the experience from the MYP and apply the lessons learnt into practice for youth-targeted services and other new service types that require a developmental program implementation approach.
6. Conclusion

All the young people who participated in the evaluation said they would recommend the MYP to a friend, or they had already done so:

I would recommend Neami to a friend or someone who is in need of support as it has helped me come a long way. – Young person

Yes I would because they would be able to help my friend as well. – Young person

I definitely would, just because I’ve been to so many services, so I’ve had my fair share of knowing what’s around—and out of all the services, I can’t talk to any of them. I wouldn’t set foot in their building, I really like Neami. – Young person

Yeah, I would. I actually have. – Young person

Many young people reported that they had become proud of themselves, grown as people, and become stronger as a result of receiving support through the MYP. The young people interviewed placed a high degree of importance on having someone to talk to (rather than someone talking ‘at’ them) who listened and understood their point of view:

Neami is better. More supportive, I guess like they [Neami] help out more, they understand more where you’re coming from, like other services like counselling and that, you…I dunno, they don’t get it. You guys get it. I feel more comfortable. – Young person

While the MYP ended in June 2014, Neami has committed to maintaining a focus on providing support to young people who are experiencing or are at risk of experiencing homelessness and mental illness. The experience of the MYP will assist in shaping this support to young people.
### Appendix A – CANSAS P

First assessments (n=12)

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Appendix B – CANSAS S

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## Appendix C – ASSIST

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- Yes, not in the last 3 months = 1
- Yes, in the last 3 months = 1

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<td>12.6</td>
</tr>
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</table>

Injecting behaviour:
- Never = 4
- Yes, not in the last 3 months = 0
- Yes, in the last 3 months = 1
Appendix D – BASIS-32

N=6

<table>
<thead>
<tr>
<th>Substance</th>
<th>No Difficulty</th>
<th>A Little Difficulty</th>
<th>Moderate Difficulty</th>
<th>Quite a bit of Difficulty</th>
<th>Extreme Difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relation to others / self</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily living / role functioning</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression / anxiety</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Impulsive / addictive</td>
<td>3</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychosis</td>
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<td></td>
</tr>
<tr>
<td>Total score</td>
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Appendix E – PWI

First assessments (n=11)

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Time Out Housing Initiative Participant Mean</th>
<th>Normative PWI 18–25 year old Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life as a whole</td>
<td>0</td>
<td>100</td>
<td>45</td>
<td>48</td>
<td>74</td>
</tr>
<tr>
<td>Standard of living</td>
<td>0</td>
<td>100</td>
<td>51</td>
<td>51</td>
<td>77</td>
</tr>
<tr>
<td>Health</td>
<td>10</td>
<td>80</td>
<td>44</td>
<td>53</td>
<td>75</td>
</tr>
<tr>
<td>Achieving in life</td>
<td>10</td>
<td>100</td>
<td>56</td>
<td>48</td>
<td>72</td>
</tr>
<tr>
<td>Personal relationships</td>
<td>20</td>
<td>80</td>
<td>53</td>
<td>51</td>
<td>78</td>
</tr>
<tr>
<td>Safety</td>
<td>0</td>
<td>100</td>
<td>55</td>
<td>62</td>
<td>79</td>
</tr>
<tr>
<td>Part of community</td>
<td>0</td>
<td>100</td>
<td>47</td>
<td>54</td>
<td>70</td>
</tr>
<tr>
<td>Future security</td>
<td>0</td>
<td>100</td>
<td>51</td>
<td>54</td>
<td>70</td>
</tr>
<tr>
<td>Spirituality</td>
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<td>68</td>
<td>80</td>
</tr>
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</table>

Latest assessments (n=4)

<table>
<thead>
<tr>
<th></th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Time Out Housing Initiative Participant Mean</th>
<th>Normative PWI 18–25 year old Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life as a whole</td>
<td>50</td>
<td>80</td>
<td>61</td>
<td>48</td>
<td>74</td>
</tr>
<tr>
<td>Standard of living</td>
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<td>90</td>
<td>85</td>
<td>51</td>
<td>77</td>
</tr>
<tr>
<td>Health</td>
<td>20</td>
<td>90</td>
<td>65</td>
<td>53</td>
<td>75</td>
</tr>
<tr>
<td>Achieving in life</td>
<td>50</td>
<td>90</td>
<td>73</td>
<td>48</td>
<td>72</td>
</tr>
<tr>
<td>Personal relationships</td>
<td>60</td>
<td>90</td>
<td>80</td>
<td>51</td>
<td>78</td>
</tr>
<tr>
<td>Safety</td>
<td>80</td>
<td>100</td>
<td>90</td>
<td>62</td>
<td>79</td>
</tr>
<tr>
<td>Part of community</td>
<td>50</td>
<td>80</td>
<td>70</td>
<td>54</td>
<td>70</td>
</tr>
<tr>
<td>Future security</td>
<td>30</td>
<td>80</td>
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<td>54</td>
<td>70</td>
</tr>
<tr>
<td>Spirituality</td>
<td>50</td>
<td>100</td>
<td>75</td>
<td>68</td>
<td>80</td>
</tr>
</tbody>
</table>
Appendix F – APQ6

N=11

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
<th>Not yet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have a job last week?</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Actively looking for employment?</td>
<td>6</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Any types of unpaid work?</td>
<td>2</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Enrolled in any course of study?</td>
<td>5</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Spent time visiting relatives or friends</td>
<td>8</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Went out for a meal or to be entertained</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Participated in religious activities</td>
<td>3</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Participated in sports or physical activity</td>
<td>3</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Participated in other special interest group</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Spent time socialising face to face</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Spent time socialising through the telephone or internet</td>
<td>10</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>No social activities</td>
<td>1</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Interested in increasing employment</td>
<td>9</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Interested in increasing involvement in unpaid work</td>
<td>2</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Interested in increasing involvement in education and training</td>
<td>7</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Interested in increasing involvement in social and recreational activities</td>
<td>7</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Would like help with increasing employment and education</td>
<td>7</td>
<td>3</td>
<td></td>
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</tbody>
</table>

Appendix G – Notes from Reflective Workshop

Introduction

In June 2014, Neami National (Neami) held a reflective workshop to reflect on collaboration between Service Development and Service Delivery, carrying out research at Neami and how we as an organisation adopt new and innovative programs. This workshop was held as part of the evaluation process for the Neami Macarthur Youth Mental Health and Housing Project (MYP) as this was an innovative program that Neami managed. The discussion was facilitated by an external facilitator and included members of the evaluation team and the MYP staff. The following is a summary of the group discussion. The comments are not attributable to any individual.

One of the outcomes from the workshop was the realisation by the group of the relevance and importance of using the Collaborative Recovery Model (CRM) in our work relationships at Neami. Because of this, there are boxes throughout the document that elaborate on relevant CRM principles and processes. The information in these boxes has been taken from the CRM training slides.

This following is arranged around 6 questions. The questions are:

1. What is a reflective workshop and why hold one?
2. What is research?
3. Why should research matter at Neami?
4. What are the challenges to increasing collaboration?
5. What are our strengths that we can draw from?
6. What can we do to increase collaboration?
Below Service Development refers to the section in Neami tasked with developing new projects and conducting research and evaluation at Neami. Service Delivery refers to the section tasked with direct support work to consumers.

1. **What is a reflective workshop and why hold one?**

   Reflection is an important part of the CRM. It allows us to:
   - Acknowledge the commitment of people involved.
   - Signpost achievements.
   - Celebrate the journey so far.
   - Consolidate learning.

   Therefore it is a useful tool in evaluations.

   The evaluation of the MYP, which was an innovative program at Neami, gave an opportunity to reflect on research, innovation and collaboration at Neami. The intention is for the workshop to inform wider organisation growth and development.

2. **What is research?**

   The group discussion started with the question of ‘what is research’ as research is an important part of innovation and a large component of the relationship between Service Development and Service Delivery.

   Research can have different definitions for people. For some, it means asking questions and enquiring about anything of relevance while for others it can refer to a more formal process of formulating a question, gathering evidence and the conducting an analysis to answer the original question.

   In the discussion, the group drew a distinction between research and evaluation, and some viewed the two as linked but separate concepts. Research could be viewed a way of ‘presenting’, while evaluation had elements of ‘judgement’. In research, people pursue and explore an idea but in evaluation there are additional questions such as ‘has this worked’?

   Research was often seen by some staff as separate from service delivery, ‘something to do afterwards’.

3. **Why should research matter at Neami?**

   The next question the group explored was, ‘why do we do research?’ This was an important question to answer as it is relevant to the core values of Neami.

   There are two broad reasons for why research matters:
   - It informs us on whether we are doing good work.
   - It allows us improve what we are doing.

   Neami values quality and innovation. Neami staff also want to know that their work is meaningful and is making a difference to improve consumer wellbeing. Through research, we can learn about what we are doing well, and how we are improving wellbeing of consumers.

   Research also matters because through it we can discover how to provide better support to consumers. If we do not enquire, we will not know if there are problems. For example, until Neami conducted a smoking study, we assumed mostly that consumers did not want to quit smoking. However, as a result of the study, we discovered the extent of smoking by Neami consumers and that many wanted to quit smoking.

   Research also feeds an organisational culture that Neami aspires towards; one around self-enquiry. Neami wants to attract people who ask themselves ‘why they want to be here’ and not just ‘clock in and out’ of work. Research feeds that organisational culture.
It is important for us to point to what we are doing and say why we are doing it. One difficulty surrounding the conduct of research at Neami has been around the perception that consumers are not interested in research. For some consumers, research could be seen as the ‘behind the scene’ work that goes into service delivery, for example with the development of the CRM, so not relevant to their recovery. But according to the Neami Consumer Communications Survey Report, completed in December 2013, a majority (56%) of consumers would like to know how to get involved in Neami’s research and project work. Some consumers could be unsure about what might help in their recovery and learning and participating in research projects could help them find other ways that may assist their recovery.

In addition, research is a way to translate what an individual support worker knows works well to the rest of the organisation. Research is a way to share knowledge and best practice not just within the organisation but rest of community as well.

With an increasing emphasis around choice for consumers, Neami needs to deliver services that both consumers want and supports their recovery. Through research and evaluation, we can increase our understanding of what consumers want in support services and what supports their recovery more.

4. What are the challenges to increased collaboration?

The group identified that increased collaboration and improving the working alliance between Service Development and Service Delivery was important to carrying out research and innovation at Neami. Relationship and a working alliance is the key to providing effective support to consumers. It is also the key to innovation and doing our work effectively.

Although Service Development and Service Delivery collaborate in research and innovation, the group identified that there is room for the dialogue to be more focused and inclusive. From time to time, like in any working alliance, there have been alliance ruptures in the relationship between Service Delivery and development.

The group observed that that Service Delivery staff do not see themselves as doing research in their day-to-day activities so when a research project is taking place, it is seen as something that is in addition to core work. However, the group noted that any interaction with consumers is research because with every interaction we are learning.

What may have compounded this sense of additional work or burden is that Service Delivery staff do not get the opportunity to see the whole research process and outcomes. They have not felt part of a whole process since they only have the opportunity to see one small part of the ‘production line’. As a result it may be difficult for Service Delivery staff to see the value of research. As research projects can take 2-3 years to complete they may not even get a chance to see any of the outcomes.

In addition, there have been too few opportunities for Service Delivery staff to be involved in research design. For example, by the time a research project is communicated to staff, it is usually too late for staff to contribute to research design. Members of the research team have opportunities to influence the design process but that opportunity is not as widely extended to other staff.
The group noted that innovation and new projects are occurring constantly at Neami. These may be occurring at individual sites and this is a positive for the organisation. The challenge is how does the rest of the organisation discover and learn from these projects. In addition, some staff may be interested in carrying out small or informal research projects but they could be intimidated by the formal research processes.

5. What are our strengths that we can draw from?

As part of the CRM, we ask consumers to identify their values and strengths. This process not only lets consumers set goals that are congruent with what is important for them but also allows them to draw on their strengths to achieve their goals which reinforces their own sense of power and supports their recovery.

Identification of strengths is not limited to use in supporting consumers’ recovery. We can use our strengths as an organisation to support our goals. With this in mind, the group set out to identify Neami’s strengths to support research, better communication and innovative program development and management.

Some of Neami’s strengths the group identified were:

- Neami is recovery-focused.
- Neami staff are passionate about supporting consumers on their recovery journey and increasing their wellbeing.
- Neami staff are proactive and relationship-focused.
- Neami emphasises shared values.
- Neami’s staff and Neami as an organisation are committed to the values of CRM.
- Neami staff can translate those values into practice.
- Neami invests in and supports its staff.
- Neami provides extensive training for staff and supports staff in their professional growth and career progression.
- Neami is a flexible organisation, able to adapt and grow as needs arise.

6. What can we do to increase collaboration?

The group noted that that we need to use our strengths to increase communication and collaboration within the organisation.

The group agreed that it was the responsibility of everyone to ensure that we have productive working relationships – the concept of mutuality. One easy way to enhance mutuality and build effective working alliance is to name upfront the aims and expectations of the relationship. Contracting, where for example Service Development creates contract for all stakeholders involved in a research project was given as an example of enhancing collaboration. Developing a contract, we can clarify roles, responsibilities, key contacts and what each party expects from each other. In addition the group emphasised that it was important to include what each party will do when things do not work out as planned or an alliance rupture occurs. This is what we do with consumers.
In supporting consumers in their recovery journey, the language we use is one of encouragement, especially when things do not turn out as planned. Staff would never say to a consumer that ‘you’re doing it wrong’. Similarly, at work when things do not turn out as planned, we need to support each other and find out why something is not working. One strategy for this is to do more reflective practice. Even if we do not say to each other that ‘you are doing it wrong’ we can imply that sometimes. We need to ensure that in communicating with each other our language does not invoke confrontation but curiosity such as by saying ‘I’m wondering how…, How useful is…?’

Increased consultation between Service Development and Service Delivery at the start of research project design process is one way to engage. In addition, building more connections will increase dialogue, for example, as part of the CRM Fidelity research project, there are researchers who are based at Service Delivery sites instead of head office. If staff are able to see each face-to-face more, they are more likely to support the research process. It’s important for Service Development staff to leave the Head Office as much as possible.

Depending on the projects, instead of doing a formal research / evaluation projects, it could be appropriate to have a more informal process. In some projects, it could be possible to get similar results through an informal process, especially when a more formal and structured process is not appropriate or feasible. If dialogue happens early, this possibility could be explored.

There are also components of the CRM that the organisation is not refreshed with. Although Service Delivery staff are employing CRM principles regularly with consumers, other workers can be removed from CRM. We need to ensure that all Neami staff are familiar with the principles of CRM and know how it can apply to their work and relationships.

One difficulty that the group noted was the sheer amount of information available for staff. One area where Service Development can assist in Service Delivery is to decipher from the research available, what is relevant for practice and communicate this to the rest of the organisation.

In addition:

• Conduct workshops on promoting and increasing capacity for research in Neami.
• Explain the outcomes from research and evaluation projects to staff.
• Clarify the impact of the research projects may have on the staff
• Some staff will not be interested in the wider research project or its implications and will only need to be aware of what impact this will have on them.
• Find out who in the organisation is interested in research and keep in regular contact.
• If possible, establish site champions for research.

### Naming upfront

CRM says to be upfront about what you want to do and what you expect from the other party and to plan for when it doesn't go to plan. In the workplace this translates into:

• Naming the purpose of why we are working together
• Clarifying what we will do together
• Plan for when it doesn't go to plan or agreement.

### Action planning

A good action plan contains the specific actions that will need to happen to achieve the goal

The plan should include:

• A listing of each of the specific actions
• The environmental modifications
• The sources of social support;
• How to monitor progress
• A specific date to implement the action plan.
• Neami is increasingly thinking ‘nationally’ about projects but we may need to think ‘locally’ sometimes.
• Some projects could work better not carried out nationally but locally – specifically designed to meet local needs.
• Ensure there are clear project plans so every stakeholder is clear on their roles, responsibilities, and reporting requirements.
• Have clear leadership and direction for each project.

Questions for Service Development to explore further:

• How important is program fidelity?
• Should we measure quality by fidelity to program design?
• Will this stifle innovation in the organisation?
• What to include in developing a service cooperation contract?
• Staff may feel defensive from the results and recommendation of evaluation projects. How can we overcome this?
References


